

# POKENO SCHOOL ENROLMENT FORM



**STUDENT DETAILS** Please tick:  Sibling of child already attending  Out of Zone

Full Legal Name	Surname	First Names	Preferred Name
Address:			Phone:
Date of Birth	Male	Female	Present School/Early Childhood Centre
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify)			
Do both parents have legal access to child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please contact school office with details)			

## PARENT/CAREGIVER DETAILS

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr
Mother/Caregivers Name:	Father/Caregivers Name:
Address:	Address:
Language Spoken:	Language Spoken:
Phone: Home Work Mobile	Phone: Home Work Mobile
Email:	Email:
Country of Birth:	Country of Birth:
Occupation:	Occupation:

## EMERGENCY CONTACTS *Other than parents or caregivers*

Contact 1st:	Name:	Phone:
	Mobile:	Relationship to Child:
Contact 2nd:	Name:	Phone:
	Mobile:	Relationship to Child:
Doctor:	Name:	Phone:

## SIBLINGS *Family members likely to be attending Pokeno School in the future*

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

## OFFICE USE ONLY

Date Received:	Registration Number:	NSN:
Entered on Enrol:	Entry Date:	Year Level: Room:

## MEDICAL / LEARNING SUPPORT

Has your child received learning support at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tick the type of support:	
<input type="checkbox"/> Reading Recovery	<input type="checkbox"/> RTLB <input type="checkbox"/> ORRS <input type="checkbox"/> SLS <input type="checkbox"/> Moderate Needs Contract <input type="checkbox"/> Teacher Aide
<input type="checkbox"/> RTLit	<input type="checkbox"/> ESOL <input type="checkbox"/> Other _____
Does your child have any health, learning or emotional support needs? Please state below and provide any relevant documentation.	
Please indicate if your child is affected by any of the following:	
<input type="checkbox"/> ADHD	<input type="checkbox"/> Allergy to Bee Stings <input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler Required <input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema <input type="checkbox"/> Fits/Turns <input type="checkbox"/> Food Allergies _____
<input type="checkbox"/> Other _____	Current Medication _____
The school can administer pain relief (E.g. Panadol) if they are unable to contact myself or an emergency contact. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child fully immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> In an emergency, I give permission for Pokeno School to call an ambulance or transport my child by private vehicle to the nearest Accident & Emergency if they have been unable to notify myself or emergency contacts.	

## ETHNIC BACKGROUND

<input type="checkbox"/> NZ European	<input type="checkbox"/> Australian	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian
<input type="checkbox"/> African/African Origin	<input type="checkbox"/> Korean	<input type="checkbox"/> Chinese	<input type="checkbox"/> NZ Maori (Iwi _____)			
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other _____	<input type="checkbox"/> NZ Maori (Iwi _____)				
NZ Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth:	Date of Entry to NZ:				
What is your child's first language?			Visa Expiry Date:			
What is their present level of English? <input type="checkbox"/> No spoken English <input type="checkbox"/> A little English <input type="checkbox"/> Good English						

## EARLY CHILDHOOD EDUCATION PARTICIPATION For Ministry of Education Statistics

Please complete the table below for the last service(s) attended:			
<ul style="list-style-type: none"> <li>• If your child was attending more than one service <b>at the same time</b>, please enter hours per week for up to three services.</li> <li>• If your child attended one service, but changed to a different service within 6 months to starting school, please complete for the last service only, not both.</li> <li>• If your child's attendance hours varied, or you are uncertain, please enter approximate or average number of hours per week</li> </ul>			
Please enter the number of hours per week for up to three services:	Service 1	Service 2	Service 3
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School – Te Aho o Te Kura Pounamu			
<input type="checkbox"/> Did not attend <input type="checkbox"/> Attended outside NZ <b>For how many years did your child attend Early Childhood Education?</b>			

## ENROLMENT CHECKLIST – Please supply the following documents with your application, otherwise the application cannot be accepted.

Completed Enrolment Form       Your child's original **Birth Certificate**       Immunisation Certificate       Dental Form

**Proof of Address** eg. Current electricity account documentation

If your child was not born in NZ, their **Passport** needs to be sighted by the office, showing any permits required under the Immigration Act

Occasionally we use names and photographs of students involved in school activities on our website, newsletter, Pokeno Focus and newspaper articles. If you **do not wish** your child's name or photo to be used, please tick this box

*In terms of the Privacy Act, I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfers to another school, including name and address on request to a potential Intermediate or Secondary School, the school Dental Service, the Public Health Nurse and also my telephone number and address to be made available to the PTA and BOT as required. I will do my best to ensure that my child complies with School Regulations and Policies. I understand that the school will take action on my behalf in case of sudden illness or injury.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## In Zone Student Address Confirmation

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the school's enrolment scheme. The Board of Trustees needs to be sure that an in-zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.

The address given at the time of enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

Specific documents showing proof of residence will be required.

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary e.g.

- Renting accommodation in-zone on a short-term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.

Before enrolment takes place (ie. Before attendance begins), if the board has reasonable grounds for believing that the given in-zone address will not be a genuine, on-going living arrangement, the board may withdraw any offer of a place which it may have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining enrolment at the school, then the Board may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989.

I confirm that the following address \_\_\_\_\_,

which I have provided to the school will be the usual place of residence of \_\_\_\_\_

(students name) when the school is open for instruction. I will advise the school of any subsequent change of address.

Parent / Caregiver Name \_\_\_\_\_

Parent / Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_