

Dannevirke South School Student Enrolment Form

Student Details

Legal Surname/ Family Name: _____
 All Legal First Names: _____
 Preferred Name (Known by): _____ Gender: Male / Female / Non binary
 Date of Birth: _____ Country of Birth: _____
 Ethnicities _____ Iwi/Hapu (if applicable): _____
 Intended start date: _____ Intended year level: _____

- (Please tick)
- Lives with
 - Send Invoices
 - Send copy of reports

Parent/caregiver contacts

Primary Caregiver: Mr/Mrs/Miss/Ms _____

Relationship: _____

Home Address (Physical) _____

 Postcode _____

Mailing (if different) _____ Postcode _____

Phone (Home) _____

(Mobile) _____ Email _____

Occupation: _____ (Work phone) _____

- (Please tick)
- Lives with
 - Send Invoices
 - Send copy of reports

Secondary Caregiver: Mr/Mrs/Miss/Ms _____

Relationship: _____

Home Address (Physical) _____

 Postcode _____

Mailing (if different) _____ Postcode _____

Phone (Home) _____ (Mobile) _____

(Work) _____ Email _____

Emergency Contact 1: _____ Relationship: _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Emergency Contact 2: _____ Relationship: _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Custody Access Court Order issued? Yes/No/NA

Extra Information _____

Has your child regularly attended Early Childhood Education?

- Yes, for the past _____ years
- Not regularly, only occasionally
- Did not attend

Please enter the number of hours per week that your child attended the following services on the chart on the right:

Name of ECE attended: _____

Service Type	Hrs/week
Kohanga Reo	
Playcentre	
Kindergarten	
Home based Service	
Playgroup	
Attended outside NZ	

Early Childhood Education

Siblings

Names and birthdates _____

NSN No _____ Enrolment No: _____

Has your child completed a B4 School Check? YES/NO

Has your child completed the Vision and Hearing part of the B4 School Check? YES/NO

Consent for Hearing and Vision tests

I _____ (full name of adult) consent to the following checks being carried out on my child at school, on request from parents or teachers by the Public Health Nurse

General health Checks YES / NO

Distance Vision Check YES / NO

Hearing Check YES / NO

Ear Check YES / NO

Middle Ear Function (glue ear check) YES / NO

You will be contacted if there are any concerns regarding your child's Health

Signed: _____ Date: _____

(Parent / Guardian)

Is your child up to date with their Immunisations?

YES—Fully immunised NO—Partly Immunised or Not immunised

Immunisation certificate sighted Yes/ no (for office staff only)

It is a requirement that you show your child's immunisation certificate to the School Office Staff when your child enrolls at school

Name of Family Doctor: _____ Phone: _____

Please list any health issues your child may have.

Allergies:

Sight/Vision/Speech

Hearing

Asthma

Medication :

Other Medical Issues _____

(Please note any medical issue that requires medication must have a medicine authority form on file in the office.)

Learning /Behaviour Needs _____

The information collected will be used by the school for enrolment and forms and essential part of the information held by the school for your child. The records made from this information may be viewed on request at the school.

The information may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

I/We acknowledge that the information is true and correct in every particular and can be relied upon by the school. I/We agree that our child shall abide by all school rules and regulations.

I/We agree to abide by the compulsory uniform requirement at Dannevirke South School.

I/We understand that the information on this form will be used by the school to maintain school records and effective contact with the enrolled pupil's parents/caregivers.

I/We agree to the school requesting relevant information from other schools for enrolment and class placements and are forwarding relevant information to another school for enrolment purposes and class placements.

I/We understand that the school will take action on my behalf in case of sudden illness or injury.

Parent Name: _____ Signature: _____

PERMISSIONS:

DAY TRIPS—within Dannevirke e.g. Dannevirke Library, Wai Splash Pool, Dannevirke Domain

Permission for trips Yes / No (Please circle)

PAIN RELIEF: Permission to administer Panadol/Paracetamol Yes / No (please circle)

DETAILS to OUTSIDE AGENCY: (eg Dental, Hearing and Vision, Public Health Nurse) Yes / No

ICT Image (See ICT agreement) Yes / No / Not with name (please circle)

ICT Image (See ICT agreement) Yes / No / Not with image

Parent Name: _____ Signature: _____

Our School Policy requires the school to release children only to authorized people following an emergency.

If this cannot be done, the children will remain at school until such time as the parent/caregiver can collect them.

Please ensure you keep your emergency details up to date with our school office.

I/We authorize the following persons to collect our child from the School in the event of an emergency.

Name: _____ Phone: _____

Address: _____

OR

Name: _____ Phone: _____

Address: _____

Please note, we are required by the Ministry of Education to sight and hold a copy of the student's

Birth Certificate / Student Visa in our records

NZ BIRTH CERTIFICATE / PASSPORT / RESIDENT PERMIT/ VISA - Please circle

NZ Birth Certificate Number _____ Scanned

Country of Birth: _____ NZ Residency YES NO (please circle)

Date entered NZ: _____ Language spoken at home: _____