

## ENROLMENT FORM

### Student Information

Legal Surname:																																	
Legal First Name(s):																																	
Preferred Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)																																
Date of Birth: <i>(Copy of birth certificate or passport required.)</i>	Country of Birth:																																
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Day	Month	Year																															
Iwi groups affiliated with:	First language (spoken at home):																																
Full address:	In Zone Enrolment <input type="checkbox"/> Out of Zone Enrolment <input type="checkbox"/>																																
	Is your child a New Zealand resident? Yes <input type="checkbox"/> No <input type="checkbox"/>																																
	Date of Entry to New Zealand (If applicable): <i>Copy of passport required.</i>																																
House Number and Street	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td colspan="2">Year</td><td colspan="4"></td> </tr> </table>									Day	Month	Year																					
Day	Month	Year																															
Suburb																																	
City/Town																																	
Name of previous school:	Siblings currently at Johnsonville School:																																
Current Year Level:																																	
Other siblings who may attend Johnsonville School:																																	
Name:	Name:																																
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### Prior Participation in Early Childhood Education

Did your child attend an early childhood Education service?

Yes, attended regularly for \_\_\_\_\_ years.
  Yes, but not regularly.
  No, did not attend
  Unable to establish if attended

Please complete the following table if your child attended one or more Early Childhood Education services in the 6 months prior to starting school.

Type of Service Attended	Name of Service	Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
a Kohanga Reo				
b Playcentre				
c Kindergarten or Education & Care Centre				
d Home based service				
e Playgroup				
f Correspondence School				
g Service in another country				
h Not sure of type				

## Medical Information

Immunisation Completed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partial <input type="checkbox"/>	(Please tick)
I consent to my child's vision and hearing being tested at school:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)	
<b>Medical conditions</b> <i>e.g. Asthma.</i> <i>Please note below any relevant information, and attach an emergency plan.</i>		<b>Medication to be administered at school:</b> <i>e.g. Blue inhaler to be taken before exercise.</i>			
Name of Doctor/Medical Centre:		Address:			
		<hr/> Number and Street			
		<hr/> Suburb			
Telephone:		E-mail:			

## Health, Learning and Behaviour Assistance

Has your child received any of the following assistance? If 'Yes', please provide details.

Assistance	Yes	No	Details
Early Learning Intervention			
Speech and Language Therapy			
Vision			
Hearing			
Learning/Behaviour Needs			
Occupational Therapy/Physiotherapy			
Paediatric Treatment			
Resource Teacher of Learning and Behaviour			

## Parent/Caregiver Details

Parents will be contacted in the event of sickness or in an emergency. The parent listed first will be contacted first.

1		Parent/Caregiver	
Title:	First Name:	Surname:	
Relationship to Student:		Country of Birth:	
Home Address:		Home Telephone:	
----- House Number and Street		Mobile Telephone:	
----- Suburb		E-mail:	
----- City/Town			
Occupation:		Work Telephone:	

2		Parent/Caregiver	
Title:	First Name:	Surname:	
Relationship to Student:		Country of Birth:	
Home Address:		Home Telephone:	
----- House Number and Street		Mobile Telephone:	
----- Suburb		E-mail:	
----- City/Town			
Occupation:		Work Telephone:	

## Custody

If applicable, please provide custody details and access arrangements. Legal documents will need to be provided as proof.

## Emergency Contacts

Please provide details below of **adults** who the school can contact in the event of your child becoming sick or in an emergency if both parents/caregivers can't be reached.

1 <sup>st</sup>		Emergency Contact	
Title:	First Name:	Surname:	
Relationship to Student:			
Home Address:		Home Telephone:	
		Mobile Telephone:	
		E-mail:	
Occupation:		Work Telephone:	

2 <sup>nd</sup>		Emergency Contact	
Title:	First Name:	Surname:	
Relationship to Student:			
Home Address:		Home Telephone:	
		Mobile Telephone:	
		E-mail:	
Occupation:		Work Telephone:	

<p><b>Privacy Statement:</b></p> <p><i>The information collected directly or indirectly will be used by Johnsonville School to provide educational services, ensure student health and safety, manage school administration, and facilitate communication between the school and home.</i></p> <p><i>Your information is primarily used by school staff who require it to fulfill their duties. Where required or permitted by law, we may share relevant information with agencies such as the Ministry of Education, the Education Review Office (ERO), or health providers in accordance with the principles of the Privacy Act.</i></p> <p><i>We take all reasonable steps to ensure that personal information is protected against loss, unauthorised access, use, modification, or disclosure.</i></p> <p><i>You have the right to access and correct personal information we hold about you. The information may be viewed on request at the school office.</i></p>	<p><b>Parent/Caregiver Approvals:</b></p> <p><input type="checkbox"/> I agree that the school will take action on my behalf in case of sudden illness or injury of my child;</p> <p><input type="checkbox"/> I agree to abide by the school's policies;</p> <p><input type="checkbox"/> I agree that my child's work and image may be used in accordance with the school's online publishing policy procedures;</p> <p><input type="checkbox"/> I approve the forwarding of school records and information when my child transfers to another school;</p> <p><input type="checkbox"/> I give permission for my child to undertake visits/trips outside the classroom, within the environs of Wellington. Transport may include travel by bus, train or car, or by walking if in close proximity to the school.</p> <p><input type="checkbox"/> I confirm that the contacts listed on this form are aware that I have provided their details and have given their permission for me to do so in the case of an emergency.</p>
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<b>Parent's/Caregiver's Signature:</b>	<b>Date:</b> /     /
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SCHOOL OFFICE USE ONLY:																											
In Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>		Admission Number:		Date of Admission:																							
National Student Number:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Day</td> <td colspan="3">Month</td> <td colspan="4">Year</td> </tr> </table>												Day			Month			Year				<table border="1"> <tr> <td>Information inputted into SMS</td> <td>eTAP Number:</td> </tr> </table>		Information inputted into SMS	eTAP Number:
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Year Level:	Room:	Teacher:																									