

**Enrolment Details:**

New Entrant: Pre-School currently attending \_\_\_\_\_  
Number of hours per week \_\_\_\_\_  
Length of time at current Pre-School \_\_\_\_\_

Year level 1-13 School currently attending \_\_\_\_\_

Start date at Onewhero Area School: \_\_\_\_\_

*I agree to abide by the Onewhero Area School Charter and Board of Trustee policies. I agree that my name may be given to the PTA who may contact me for assistance and for school activities.*

*From time to time, the students are photographed participating in activities. It is the school's policy that any photographs for publication are positive depictions of our students. Please advise the school if you have any concerns regarding the publication of photographs of your child.*

*I agree to Onewhero Area School using the information contained in this document to obtain any educational or health service for my child if required.*

**I confirm that the address which I have provided to the school will be the usual place of residence of ..... (student's name) when the school is open for instruction. I will advise the school of any subsequent change of address.**

Signed:

Parent \_\_\_\_\_

Student \_\_\_\_\_

(over age of 10)

Date: \_\_\_\_\_

OFFICE USE ONLY

Year	
Room	
Teacher	
House	
Newsletter	
Computer Records	
Admission Register	
Immunisation Cert.	
Birth Certificate (MUST be a copy)	
Proof of Address	
Records Requested	
Fees	
Bus Route	

# Onewhero Area School



## Enrolment Form

This information is gathered for the purposes of furthering the education of your child. It will be used within the school and as statistical information when required by the Ministry of Education. In completing such official requests individual students are not identified.

You have the right to alter or amend any of these details at any time while your child attends Onewhero Area School. You also have the right to view the information held in the office that pertains to this enrolment.

**CONFIDENTIAL**

Admission # \_\_\_\_\_

**Personal Information.**

Student's Name	
Preferred First Name	
Residential Address ( <i>proof required, e.g. recent power account, to determine eligibility under Ministry's enrolment scheme</i> )	
Postal Address ( <i>if different from above</i> )	
Home Phone Number	
Date of Birth ( <i>Ministry requirement: copy of birth certificate/passport to be attached</i> )	
Gender	Male / Female
Eldest ( <i>at this school</i> )	Yes / No
Custody/access arrangements about which the school should be aware	

**Family Information:**

Parent/ Caregiver Name	1:	2:
Relationship to student		
Day time contact phone number		
Email Address		

Emergency Contact: (*Used when neither caregiver can be contacted*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SIBLINGS	DATE OF BIRTH

**Ethnicity:**

Which ethnic group do you feel your child belongs to? (e.g.: NZ European, Maori, Samoan, English)
If Maori, what is your child's Iwi and hapu?
Language spoken at home?

**Medical Information:**

Please specify if your child has any problems with:

Sight:	Speech:
Hearing:	Requires Medication:
Allergies:	Other:

**I agree / disagree** to my child being administered Panadol

Doctor: \_\_\_\_\_

**School Information:**

A copy of this enrolment form will be given to the School Health Nurse.

**Year 1 - 8**

I consent to my child participating in Christian Religious Education

**YES / NO**