



# MELLONS BAY SCHOOL

LEARNING TO NAVIGATE  OUR CHANGING WORLD

## Student Details

Legal Surname				Address			
Legal First Name/s							
Preferred Name				Phone			Postcode
Date of birth		Male/Female (please circle)		Zone In/Out (please circle)	To attend religious instruction? Yes/No (please circle)		
Ethnicity 1				Iwi/Hapu 1			
Ethnicity 2				Iwi/Hapu 2			
Ethnicity 3				First Language			
Eldest child at school		Place in family	of	Language spoken at home			
Previous school/centre attended				Year/level?			
NZ residency/citizenship	Yes/No	Date of entry to NZ :		Country of birth			

## Parent/Caregiver Details

Relationship (please circle)	Parent/Guardian/Step parent/other		Parent/Guardian/Step parent/other	
Title (Mr, Mrs, Ms, Dr)				
Surname				
First Name				
Home address				
Suburb				
Post Code				
Home phone				
Mobile				
Email				
Place of work				
Occupation				
Work phone				
NZ Citizen	Yes/No (circle) if no which country		Yes/No (circle) if no which country	
NZ Permanent Resident	Yes/No (circle) if yes date entered NZ		Yes/No (circle) if yes date entered NZ	
NZ Work Permit	Yes/No (circle) if no, what type of visa? Conditions?		Yes/No (circle) if no, what type of visa? Conditions?	
Custody Access	Yes/No	Court Order	Yes/No	Please attach further information as required.

## Office Only

Small Frys	y/n		School admission No	
New Entrant Visit	y/n	Date	NSN Number	
KINDO		Donation – Add to payables	Start date	
			Room	
			House	

## Emergency Contacts (someone other than a parent)

Name		
Relationship to child		
Daytime phone number		
Doctor		Ph
Dentist		Ph

## Early Childhood Education – Ministry of Education questions to be answered

Previous School/Centre		Address	
Did your child attend an ECE service in the six months prior to starting school?			Yes/No
How many hours per week did the child attend this service? Eg 20 hours			Hours attended
Kohanga Reo	Playcentre	Kindergarten or Education and care centre	
Home based service	Playgroup	Correspondence school – Te Aho o Te Kura Pounamu	
Attended but only outside of New Zealand	Did not attend	Unable to establish if attended or not	

## Health, Learning and Behaviour

Has your child had a B4 school check? Yes/No	Has your child been fully immunised? Yes/No	
I consent to my child's vision and hearing being tested? Yes/No	Immunisation Certificate Sighted? Yes/No	
Vision:	Hearing:	Speech:
Allergies:	Medications: Kept at school: Yes/No	
Medical issues:		
Learning/Behavioural needs?		
Specialist needs/resourcing/agencies:		

PLEASE PROVIDE ANY ADDITIONAL INFORMATION

## Proof of Address Information

The address given at the time of application for 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.

*Proof of address declaration* – I confirm that the address that I have provided to the school will be the usual place of residence of \_\_\_\_\_ (student's name) when the school is open for instruction.

Parent Name:

Signature:

## Legal Terms – all enrolments

**Privacy Statement:** The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected 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 principles of the Privacy Act. It would not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

**Parent Approvals:** I agree that 1) the school will take action on my behalf in case of sudden illness or injury 2) I will abide by the school's policies 3) that my child's work and image may be used in accord with the school's policy/procedures 4) that the school may forward my child's name and address to a potential intermediate or secondary school 5) that my name, email and phone number will be used to compile a class parent contact list.

Signed		
Parent/Caregiver Name		
Date		