



# WEST MELTON SCHOOL

## Student Enrolment Form

### Student's Name

Use full legal names and then preferred names (but only if different)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred First: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Gender Male  Female

Intended Start Date \_\_\_\_\_

Intended Year Level \_\_\_\_\_

Specify any siblings (including half or step) who are attending or have attended this school:  
\_\_\_\_\_

### Office Only

NSN \_\_\_\_\_ Whanau Group \_\_\_\_\_

Enrolment No: \_\_\_\_\_ Mathletics Login \_\_\_\_\_

Home Class: \_\_\_\_\_

### Primary Contact

Only use "Restricted Access" or "Custody" where custody is an issue. Please nominate one bill payer.

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Mrs / Ms / Mr (please circle)

Occupation: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address : \_\_\_\_\_

Bill Payer  Restricted Access  Custody

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

This is the student's place of residence ( please tick)

### Secondary Contact

Only use "Restricted Access" or "Custody" where custody is an issue. Please nominate one bill payer.

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Mrs / Ms / Mr (please circle)

Occupation: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address : \_\_\_\_\_

Bill Payer Restricted Access Custody

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Primary School Transfer:

Last Primary School Attended: \_\_\_\_\_

Address of last Primary School: \_\_\_\_\_

Has your child ever been stood down from school? YES / NO

### Emergency Contact

(someone other than the Primary or Secondary Contact in case we cannot get in touch with you)

Surname \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

### Medical Contacts

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

Medical centre: \_\_\_\_\_

Phone No: \_\_\_\_\_

Other Medical: \_\_\_\_\_

**ONLY COMPLETE THE FOLLOWING IF YOUR CHILD IS A NEW ENTRANT**

**Prior Participation in Early Childhood Education**

Did the child attend one or more Early Childhood Education Service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service at the same time, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.
3. If the child's attendance hours varied, or the parent / caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of hours per week for up to three services.	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand.	
h. Attended but don't know what type of service.	
i. Did not attend.	
j. Unable to establish if attended or not.	

**Did the child regularly attend Early Childhood Education?**

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week / fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes for the last \_\_\_\_\_ year(s).
- Not regularly, only occasionally with no on-going schedule. No. did not attend ECE.

**Enrolment**

Zoning Status:

- In zone       Out of Zone
- Not Applicable

**Ethnicity**

For 'Citizenship' name the country/countries your child is a citizen of.

For 'Verification Document' please attach a copy (e.g. passport, birth certificate) if necessary.

Ethnicity:      1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

If Māori, Iwi: 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Citizenship \_\_\_\_\_

**Verification**

Eligibility:       NZ Citizen

NZ Resident

Other \_\_\_\_\_

Verification Document \_\_\_\_\_

**Languages (other than English)**

This section is for languages other than English.

Where the child is fluent write under 'Spoken'.

Where the child is not fluent, but learning, write under 'Learning'.

For 'First Language' write the child's home / first learnt language.

Please leave 'Māori Language hrs per week' for the office.

Māori Language hrs per week \_\_\_\_\_

Spoken Languages      1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Learning Language \_\_\_\_\_

First Language \_\_\_\_\_

## Health and Disability

Please attach relevant documentation.

Please note if the condition is critical.

Please note where medicine is kept.

### Allergies / Conditions / Treatment

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### Immunisation:

Fully       Partly       Not

Please attach a certificate.

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mumps                |
| <input type="checkbox"/> HIB       | <input type="checkbox"/> Pertussis            |
| <input type="checkbox"/> HPV       | <input type="checkbox"/> Polio                |
| <input type="checkbox"/> Measles   | <input type="checkbox"/> Rubella              |
| <input type="checkbox"/> Mening. B | <input type="checkbox"/> Tetanus / Diphtheria |

Disability:       Yes       No

Details \_\_\_\_\_

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Special Needs:     Yes       No

ORRS Level:       Very High     High  
 Non-ORRS

Details \_\_\_\_\_

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## FUTURE Family Members Likely to Attend this School:

Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SCHOOL REPORTS

Extra copy of school report to:

\_\_\_\_\_

Extra copy of newsletter to (email address):

\_\_\_\_\_

E-mail School Newsletter to:

\_\_\_\_\_

## SCHOOL BUSES

If you live 3.2km from school your child is eligible for the school bus.

Bus routes available to view on the school website.  
[www.westmelton.school.nz](http://www.westmelton.school.nz)

**Bus Name:** *(Old West Coast Rd, Edendale, Newtons)*

\_\_\_\_\_ Km from school: \_\_\_\_\_

## Parent / Caregiver Skills / Knowledge

Do you have any skills, hobbies, interests, expertise, experiences etc that you would be willing to share with students? (i.e. art, horticulture, your job, sport, technology, crafts, history )

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## Consents

Please check the consents that you agree with for your child.

Sudden Injury

I give permission for the school to make decisions in case of sudden illness or injury of my child.

Community Health / Dental Nurse

I give permission for my child to be assessed and treated by the School Dental Nurse, or any Community Health members.

I give permission for my child's first name, image or work to be published in the school newsletter, on the school website or in wider community.

**I DO NOT** give permission for my child's first name, image or work to be published in the school newsletter, on the School website or the wider online community.

Class List

I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list.

Internet

I give permission for my child to have supervised access to the internet while at school.

Education Outside the classroom

Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- They need to learn how to be safe. Our school values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning

The Ministry of Education's EOTC Guidelines identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of Consent
<b>Level 1</b>	On site – in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) <b>No consent</b> sought or <b>Blanket consent</b> (ii) <b>Separate consent</b> for each event or programme.
<b>Level 2</b>	Off-site events in the local community occurring in school time. (i) Lower risk environments. (ii) Higher risk environments.*	(i) <b>Blanket consent</b> at enrolment. (ii) <b>Separate consent</b> for each event or programme
<b>Level 3</b>	Off-site events – finishing after school finishes. (i) Lower risk environments. (ii) Higher risk environments*	(i) <b>Blanket consent</b> at enrolment (ii) <b>Separate consent</b> for each event or programme
<b>Level 4</b>	Off-site residential overnight events. (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Separate consent</b> (ii) <b>Separate consent</b> for each event or programme

\*Involves risk assessed to be greater than that associated with the average family activity.

**All EOTC activity categories** require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

**BLANKET CONSENT**

I/we agree to the participation of \_\_\_\_\_ in *lower risk* category **Level 1 & 2** and **Level 3 EOTC** events while a student at West Melton Full Primary School.

I / we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration**

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Document Check**

Please include copies of the following documents.

- Verification of Identity
- Immunisation Certificate
- Proof of Address

**Pastoral Notes**

Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from the physical address, religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are available, court order details etc.

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