

ROTOTUNA PRIMARY SCHOOL

Student Enrolment Form

23 Strathmore Drive, Rototuna, Hamilton

Phone (07) 8532470, Fax (07) 8532471 email: reception@rototunaprimar.school.nz



STUDENT DETAILS

Legal Surname _____

Preferred Surname (if different from above) _____

All first name/s _____

Preferred name (if different from above) _____

Gender _____ Date of Birth (dd/mm/yy) _____
(Birth Certificate to be copied upon Enrolment)

Country of birth _____

NZ Citizen Yes / No

NZ Resident Yes / No (copy of visa required)

Date NZ Entry (dd/mm/yy) ____ / ____ / ____ (required if not born in NZ)

Language spoken at home _____

Student will be eldest at this school? Yes No

If **No**, please name older brothers/sisters who are attending this school

For Office Use Only

Student Enrolment No: ____ / ____

Start Date: ____ / ____ / ____

eTap ENROL Pupil Data
@School Vistab Spotlight
Google Doc

D.O.B. Verification / Visa: Yes / No

Proof of Address: Yes / No

Immunisation: Yes / No

Internet Permission: Yes / No

Milk in Schools Yes / No

Notes: _____

Year Level: _____

Room: _____

Teacher: _____

PARENT/GUARDIAN DETAILS and Emergency Contacts

Mother/Guardian: Name _____ Occupation _____

Lives with?

Yes

No

If not Mother, please indicate relationship: _____

Home Address _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Father/Guardian: Name _____ Occupation _____

Lives with?

Yes

No

If not Father, please indicate relationship: _____

Home Address _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Emergency Contacts: Name _____ Name _____

Please use
same contacts
as older sibling

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

CUSTODY ACCESS

Court order issued? Yes / No / NA

Attach further info as required

EARLY CHILDHOOD EDUCATION (only for New Entrant Enrolments)

Please indicate any Early Childhood education this student has received (if just starting school this year)

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home Based Service
- Attended, but only outside New Zealand
- Did not attend any service

- Attended regularly for the last _____ year/s
- Not regularly, only occasionally

Approx number of hours per week _____

Name of Centre: _____

ETHNIC GROUPS

Choose up to three Ethnic Groups:

- NZ European/Pakeha
- New Zealand Maori – Please indicate Iwi Affiliation
- 1. _____
- 2. _____
- Other European _____
- Pacific Islands (specify) _____
- Asian (specify) _____
- Other (specify) _____

DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

1. NAME: _____ Birth Date: _____

2. NAME: _____ Birth Date: _____

HEALTH INFORMATION – Please outline any health problems or medication

Name of Family Doctor: _____ Phone: _____

Allergies/Medical Condition/s _____

Medication _____ OK for Pamol

Vision/Speech/Hearing or any other concerns _____

My child is (please tick): Fully immunised (Please provide Immunisation Certificate) Not immunised

PREVIOUS SCHOOL AND LEARNING/BEHAVIOUR NEEDS

Student is transferring from: _____ Year Level: _____

Previous NZ School Report Provided with Enrolment: Yes No

Learning / Behaviour Needs: _____

Specialist Needs / Resourcing / Agencies: _____

Has your child been stood down, suspended or excluded from another school? Yes No

If Yes, what was the reason? _____

PARENT / CAREGIVER DECLARATION

I/We acknowledge that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove your child.

I/We agree that our child shall abide by all School Rules and Regulations. I/We understand the need to pay school costs.

I/We understand and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Rototuna Primary School. If our child requires short term medication e.g. Cough syrup / antibiotics, I/We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. store in fridge). In the event of accident or sudden illness, I/We authorise the staff of Rototuna Primary School to obtain such medical assistance as may be necessary.

I/We understand that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate school.

I/We understand that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. I/We agree to update our contact details should they change.

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

Consent for EOTC Events I give permission for my child to participate in walking trips to events in our local community. These events may include: Walking to Glengoyne Park, Callum Brae Park (Tauhara Park), Countdown Supermarket, Rototuna Shopping Centres, Sovereign Isle Retirement Village, Chapel Hill Kindergarten or local Early Childhood Centres. I understand that the school will follow EOTC Policy and Guidelines to ensure the safety of students participating in these events. I understand that this consent applies to my child for the duration of their enrolment at Rototuna Primary School.

Signature: _____ Date: _____