

ROTOTUNA PRIMARY SCHOOL

Student Enrolment Form

23 Strathmore Drive, Rototuna, Hamilton

Phone (07) 8532470 Email: reception@rototunaprimarary.school.nz



STUDENT DETAILS

Legal Surname _____

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 (copy of Birth Cert or Passport required)

Non Citizen Yes (copy of Passport & Visa required)

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

All languages 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 ☐ Donation

☐ @School Log On ☐ Kindo

☐ Google Doc (Yr 1-6)

☐ Request Records (Yr 1-6) _____

☐ ELLP ☐ ESOL Supplement

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

Proof of Address: Yes / No

Immunisation: Yes / No

Internet Permission: Yes / No

Notes: _____

Year Level: _____

Room: _____

Teacher: _____

PARENT/GUARDIAN DETAILS and Emergency Contacts

☐ It is my/our intention to reside within the Rototuna Primary School enrolment zone for the duration of my child/ren's enrolment.

Mother/Guardian: Name: _____ Occupation: _____

Lives with? If not Mother, please indicate relationship: _____

☐ Yes

☐ No

Home Address: _____

Phone (Home): _____ Mobile: _____

Email: _____ Ph Wk: _____

Father/Guardian: Name: _____ Occupation: _____

Lives with? If not Father, please indicate relationship: _____

☐ Yes

☐ No

Home Address: _____

Phone (Home): _____ Mobile: _____

Email: _____ Ph Wk: _____

Emergency Contact: Name: _____ Name: _____

☐ Please use
same contacts
as older sibling

Phone: _____ Phone: _____

Relationship to Student: _____ Relationship to Student: _____

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 (specify) _____
☐ Pacific Islands (specify) _____
☐ Asian (specify) _____
☐ Middle Eastern (specify) _____
☐ Other (specify) _____

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

NAME: _____ Birth Date: _____

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 & correct in every particular and will be relied upon by the school. It is my intention to live within the Rototuna Primary School zone for the duration of my child's enrolment. If information is found to be false by school, then school reserves the right to annul enrolment.

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 acknowledge that I have been given information on safe digital use at home. This information includes how to set up devices safely at home for multiple users and a link to the online Google Safety Centre for tips on digital safety in the home. **I/We understand** that as a parent/caregiver, I/We have a responsibility to read this information to ensure my child's online safety and support their development as a responsible digital citizen.

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 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. **I/We agree** to the school forwarding relevant information to the local DHB for dental care.

I/We agree to the relevant staff member accessing VisaView with Immigration NZ to ascertain student visa information if required.

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: _____ / _____ / _____