

MANGAROA SCHOOL ENROLMENT FORM`

Surname of Student:		First Names:	
Preferred Name:		Date of Birth:	
<i>New Entrants - Please supply a copy of your child's birth certificate</i>			
Male/Female	Ethnic Group:	Iwi Affiliation: (if applicable)	Language spoken at home:
Student's Address:		Is your address inside our school zone? (refer attached sheet)	
		Names and D:O:B: of younger siblings:	
		Names of siblings who have attended in the past:	
Phone:			
Mother's Name:		Father's Name:	
Address: <i>(if different from child)</i>		Address: <i>(if different from child)</i>	
Phone: (Home)		Phone: (Home)	
Phone: (Work)		Phone: (Work)	
Phone: (Cell)		Phone: (Cell)	
Occupation:		Occupation:	
E-mail address:			
Other Information: eg Custody, other caregivers etc			
Family/Friend Emergency Contact Phone Number: (Parents will be contacted first – please list contacts that can have children released into their care in an emergency or sickness situation)			
Name:		Phone:	
Name:		Phone:	
Health Information:			
In an emergency school may act on our behalf			
Family Doctor:		Phone:	
Medication used regularly:			
Medical information you feel we should know about:			
<i>New Entrants</i> <i>Please attach your child's Immunisation Certificate (This information is now a legal requirement)</i>			

Pre School/Transfer Information:

Name of Pre School/Kindergarten attending: _____

Previous School: _____ Address: _____

Specific learning needs and abilities:

Please read carefully and answer the following:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Are you happy for your child to see the Hearing & Vision Tester? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. I accept full responsibility for any medication administered at my request by any staff member. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are you happy for your child to take part in activities within the immediate Mangaroa area? (Specific permission will be sought for trips involving greater distances) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are you happy for your child's name, photo and/or work to be published on the school website and school publications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. I have read the Cybersafety Use Agreement Form and I give permission for my child to have access to the Internet under the guidelines as listed in the Agreement. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I confirm that the address which I have provided to the school will be the usual place of residence for my child when the school is open for instruction.

I undertake to advise the school any changes in my child's personal details including address during his/her time at Mangaroa School.

Signature: _____ Date: _____

Please note that all enrolment and attendance records will be forwarded to any other school your child may attend.

Office use only:

National Student Number: _____ Date Started: _____

Birth Certificate: _____ Immunisation Certificate: _____

Year: _____ Room: _____ Teacher: _____