



TE AKATĀREERE WOODLANDS SCHOOL

*A love of learning opens many doors.
He aroha ki te ako, kia tuwheratia ai ngā tatau ki te ao.*

ENROLMENT FORM

Enrolment #: _____ / _____

IMPORTANT NOTE: *New Entrants birth certificate, passport or official proof of birth date must be sighted.*

PUPIL'S DETAILS:

First Names: _____
(Underline preferred name)

Surname: _____

Date of birth: _____ / _____ / _____

Gender: Male / Female

Home address: _____
(Street #/ Name)

_____ (Town) _____ Post code

Nationality: _____

Ethnicity (up to three): _____

Iwi Affiliation: 1) _____

2) _____

3) _____

Pupil's previous School: _____
(Most recent)

PARENT/CAREGIVER INFORMATION:

Caregiver 1 information:

Title: _____ First Name & Surname: _____

Relationship: _____ First Emergency Contact: Yes / No

Contact Phone Number/s: _____

Email Address: _____

Occupation: _____ Company: _____ Phone: _____

Caregiver 2 information:

Title: _____ First Name & Surname: _____

Relationship: _____ Emergency Contact: (e.g. 1st/2nd) _____

Contact Phone Number/s: _____

Email Address: _____

Occupation: _____ Company: _____ Phone: _____

Other Emergency Contacts:

Name:	Relationship:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

PUPIL'S MEDICAL INFORMATION:

Doctor/Medical Practice: _____

Address: _____ Phone #: _____

Medical conditions, allergies or health problems that should concern the school:

Emergency procedure or medication administered: _____

For allergies: Severe / Moderate / Mild

❖ *We are part of the Rheumatic Fever Prevention Programme. Would you like your child to be enrolled onto this programme? YES / NO*

Additional health information (e.g. Hearing, Vision, Speech): _____

Tick any specialist service/s with which your child has been involved with;

Educational Psychologist:
Oranga Tamariki:
Other: _____

Speech/Language Therapist:
Counsellor:

RTLB:

Please describe any educational areas in which you consider your child to have a high ability in and/or special interests;

Please provide as much information as you can about health, physical, emotional, behavioural concerns or family circumstances you think we should know about.
(The more information we have, the more likely we are able to provide the appropriate support).

EARLY CHILDHOOD EDUCATION:

<i>ECE SERVICE</i>	<i>Tick</i> <input checked="" type="checkbox"/>	<i>Hours per week:</i>	<i>Length of time your child attended;</i>
Did not attend:			
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Homebased Care Service			
Playgroup			
Attended but only outside New Zealand			

Names & DOB of any preschool siblings;

_____	____/____/____
_____	____/____/____

_____	_____	____/____/____
(Parent/Caregiver Name)	(Signature)	(Date)

OFFICE USE CHECKLIST ONLY:

Date Enrolment completed: ____/____/20__.

Admission Date: ____/____/____.

Birth Certificate sighted: YES/NO

Immunisation Certificate sighted: YES/NO

Blanket Consent signed: YES/NO

RFPP enrolment: YES/NO



Blanket Consent form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. Examples of such events are: Opotiki District Sports, trips to the town library, trips to marae. Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school. Please note that it is very important that student details such as health information and emergency contacts are kept up to date with the Woodlands School office during the year.

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Name: _____ Year: _____
Address: _____ Phone Number: _____

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves, the level of the student's swimming ability.

Swimming ability; Confident Competent Needs Supervision
Is your child allowed to swim under supervision? YES NO

Medical Consent

- In an emergency school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Woodlands School as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Woodlands School's EOTC events and that these risks cannot be completely eliminated.
- I understand Woodlands School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Woodlands School about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Woodlands School does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: **Date**/...../.....

Full name of parent/Caregiver: