

Permissions

Education Outside the Classroom (EOTC)

I give permission for my child to leave the school grounds for curriculum related activities which take place outside of the school environment: YES / NO

I give permission for my child to travel by bus or where necessary, by private car to attend EOTC activities outside of school grounds: YES / NO

Publication of Student Work and Photographs

I give permission for my child's name, photograph and/or artwork/schoolwork to be published on the school website: YES / NO

I give permission for my child's name, photograph and/or artwork to be published in the school newsletter (*a copy of which is published on the school website*): YES / NO

First Aid

I give permission for School First Aid Staff to administer the recommended dosage of Panadol or Pamol when required: YES / NO

I give permission for my child to be seen by the Public Health Nurse (PHN) if school first aid staff have sighted a condition that we feel needs medical attention. This will allow the school to promptly access the PHN to ensure the best health outcome for your child. The PHN visits the school weekly. You will be contacted by the school or the PHN immediately after your child has been seen as to the outcome: YES / NO

Once per week the Throat Nurse visits our school to test for Strep Throat. If tests return with a positive result, the nurse will contact you and arrange for a supply of antibiotics to be provided for your child free of charge.

I give permission for my child to undergo throat swabs to check for Strep Throat when required: YES / NO

Fonterra Milk for Schools Programme

Milk contains essential nutrients for growth and development. The natural nutrition of milk gives kids calcium for building bones and nutrients they need for sustained energy, concentration and learning in the classroom. Your child receives one small carton of Anchor UHT milk per day at approximately 10.40am.

I would like my child to participate in Fonterra Milk for Schools: YES / NO

My child has a dairy intolerance and/or allergy and cannot participate: YES / NO

Parent / Caregiver Declaration

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information that the school holds on my child. I confirm that the information on this form is true and correct. I understand that the school will take action on my behalf in case of sudden illness or injury.

I agree to abide by Greerton Village School policies.

Signature of Parent / Caregiver:

Date: / /

Privacy Statement

The school collects information on this form to:

- Enrol your child at school
- Assess the educational needs of your child
- Ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies including MSD. The school will not provide your child's information to any other people or organisations without your authorisation, unless required by law.

Enrolment Form

This form is to be completed by the parent and or caregiver of the student enrolling and must be returned to the office together with the student's Birth Certificate and/or verification of NZ citizenship or residency.



Greerton Village School

Child's Family Name:

Date of Birth: / /

Child's First Names:

Gender: Male / Female

Preferred Name:

Previous School (if any):

Home Address:

Current Year Level:

Place of Birth:

Daycare/Preschool/Kindergarten:

If not born in New Zealand:

Hours attended per week:

NZ Residency: Yes / No

Date of Entry into NZ: / /

Years attended:

Student Visa: Yes / No

Date of Expiry: / /

Child Lives With (please tick):

Both Parents Mother

Father Step-parent

Caregiver

Ethnicity:

Iwi 1:

First language spoken at home:

Iwi 2:

Other language(s) spoken at home:

Iwi 3:

Name of eldest child at this school:

Place in Family: _____ out of _____

Other siblings likely to attend this school in the future:

1. Date of Birth: / /

2. Date of Birth: / /

3. Date of Birth: / /

OFFICE USE ONLY

NSN: _____ Enrolment Number: _____ / _____ Date of Entry: _____ / _____ / _____

Room Number: _____ Year: _____ Teacher: _____ Whanau Group: _____

Previous Enrolment Number (if any): ___ / ___

A & W Register Linc-ED ENROL Birth Certificate Passport Vistab

Parent / Caregiver Details

1	Mr / Mrs / Miss / Ms	Family Name:
First Names:		
Relationship to child:		Primary Caregiver: YES / NO
Address:		Home Phone:
Occupation:		Work Phone:
Mobile:		
Email:		

2	Mr / Mrs / Miss / Ms	Family Name:
First Names:		
Relationship to child:		Primary Caregiver: YES / NO
Address:		Home Phone:
Occupation:		Work Phone:
Mobile:		
Email:		

Emergency Contacts

1	Mr / Mrs / Miss / Ms	Name:		
Home Phone:		Work Phone:	Mobile:	
Relationship to Child:				
2	Mr / Mrs / Miss / Ms	Name:		
Home Phone:		Work Phone:	Mobile:	
Relationship to Child:				

Custody / Access Arrangements:Court Order Issued: YES / NO / Not Applicable *(If Yes, please provide a copy with this enrolment form)*

Details of Custody/Access Arrangements:

Information from Outside Agencies

I give permission for Greerton Village School to be able to access any information pertaining to my child held by other agencies which will assist us to successfully transition them into Greerton Village School and to support their learning and achievement:

YES / NO

Family Circumstances

Are there any family circumstances we should be aware of? *(all information provided will be kept strictly confidential):* YES / NO *If Yes, please provide details below:*

Access Information

Name(s) of any person forbidden by law to have access to, or information about your child *(please provide a copy of the legal document pertaining to this):*

Medical Details

Medical Centre/Doctor:	Phone:
Allergies:	
Medication:	
Any medical conditions:	
Immunisations:	
My child is fully immunised YES / NO OR I have chosen not to immunise my child YES / NO	

Learning and Behaviour Needs

Does your child have any special learning and behavioural needs? If so, please record details below:

Please circle if your child has received special assistance in any of the following areas:

Reading / Behaviour / Speech / Motor Skills / Learning English / Gifted and Talented / Other

If possible, please provide further details:

What interests does your child have? *(e.g. hobbies, favourite subjects)*

What areas can Greerton Village School help with?

What are your child's strengths? *(e.g. sports, music, cultural, etc.)*

What do you most admire about your child? *(e.g. personality, characteristics)*