



BUCKLANDS BEACH PRIMARY SCHOOL
Student Enrolment Form
2010

In Zone Out of Zone

A. Students Name

(Surname) (Given Names) (Preferred Name)
This name will appear on certificates etc.

Gender _____ Date of Birth _____

Address _____

Email Address _____ Home Phone Number _____

Present School / Kindergarten _____ Present Class/Year _____

B. Parent Details

Mothers Name _____ Home Phone Number _____

(Surname) (Given Names)

Mothers Address _____ Mobile Phone Number _____

Mothers Occupation _____ Mothers Work Number _____

Fathers Name _____ Home Phone Number _____

(Surname) (Given Names)

Fathers Address _____ Mobile Phone Number _____

Fathers Occupation _____ Fathers Work Number _____

C. Emergency Contacts (other than parents, who can be called in an emergency)

Name _____ Phone Number/s _____

Name _____ Phone Number/s _____

D. Ethnic Background

Country of Birth _____ Date of Entry to N.Z. _____

Status *(Please circle)* N.Z. Citizen Permanent Resident Student Visa

Student Visa Expiry Date ___ / ___ / ___ Work Permit Expiry Date ___ / ___ / ___

Ethnicity *(Please tick)*

<input type="radio"/> N.Z. Maori	<input type="radio"/> Cook Is Maori	<input type="radio"/> Indian
<input type="radio"/> European/Pakeha	<input type="radio"/> Tongan	<input type="radio"/> Chinese
<input type="radio"/> Samoan	<input type="radio"/> Tokelauan	<input type="radio"/> Vietnamese
<input type="radio"/> Niuean	<input type="radio"/> Fijian	<input type="radio"/> Filipino
<input type="radio"/> British/Irish	<input type="radio"/> Other <i>(specify)</i> _____	

Iwi (if NZ Maori) _____

Home Language _____

- In Zone Applicants** – please attach copy of **current** electricity or telephone account to show proof of address
- N.Z. Citizens** – copy of NZ birth certificate, NZ passport or Citizenship Certificate
- If not born in N.Z.** – copy of passport showing proof of NZ residency or student visa and copy of parents passport showing proof of work permit.

Office Use Only

Class/Year Level		Room		Teacher
Enrolment No.		Proof of in Zone attached		

E. Medical / Learning Support Information

Does your child have any health, learning or emotional support needs? Please state below and supply relevant documentation.

Does your child have any health issues? (please circle)

Allergic to Bee Stings

Asthma

Inhaler required

Epilepsy

Diabetes

Food/Nut allergies

Eczema

Other _____

Please give details _____

Is your child receiving learning support at school?

Yes

No

If so, please tick/state the type of support

Reading Recovery

RTLB

ORRS

ELL

Other _____

F. Permissions/Authorisations (please circle)

Do you agree with your name, contact details and occupation being entered into a school database?

Yes

No

I give permission for my child's photograph to be used on the school website or other publicity material.

Yes

No

I give permission for school correspondence to be sent via email including newsletters, PTA Correspondence, permission slips and reminders.

Yes

No

I give permission for my child _____ to be given access at school to the internet (permission will be sought annually)

Yes

No

In terms of the Privacy Act, I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfer to another school, including name and address on request to a potential intermediate school and also my telephone number and address to be made available to the PTA and BOT as required. I will do my best to ensure that my child complies with School Regulations and Policies. I understand the school will take action on my behalf in case of sudden illness or injury. I also give permission for my child to leave the school grounds for supervised activities within a 1 km of the school.

Signature _____

Date _____

Enrolment Approved / Declined by _____ Principal

Date _____