

OUT-OF-ZONE ENROLMENT APPLICATION

TE TOTARA PRIMARY SCHOOL



Student's Personal Information

Legal First Names: _____ Legal Surname: _____

Preferred First Name: _____ Preferred Surname: _____

Gender: Male / Female (Circle) Date of Birth: _____

Current Year Level: _____ or New Entrant

Pre-School (ECE) Name: _____

Previous Primary School's Name: _____

Special learning needs we should be aware of: _____

Ethnicity: Maori * / NZ European / Samoan / Fijian / Chinese / Korean / Indian / African / South African / British

Other Ethnicity: _____

What Language does your child speak at home:

* please tell us what tribe(s) or Iwi you belong to:

First Language: _____

Second Language: _____

STUDENT ELIGIBILITY TO ENROL AS A NZ DOMESTIC STUDENT:

- Is the child a NZ citizen? Yes / No **If YES, please provide a NZ Birth Certificate, Passport or Citizenship Cert**
If NO, please provide evidence of a NZ Resident Visa or Student Visa
- Is the child a NZ Resident? Yes / No **If YES, please provide evidence of NZ Resident Visa**
If NO, please provide evidence of a Student Visa

- If your family are immigrants to New Zealand, please supply date of entry: _____

If one or both parents are migrants to New Zealand, please supply supporting immigration documentation i.e. *Parents Passports and the child's Birth Certificate (for funding purposes only)*

NOTE: A NZ Birth Certificate, NZ Passport, NZ Citizenship Certificate, NZ Resident or Student Visa, along with an Immunisation Record (if applicable) MUST be sighted and a copy taken by the School Office.

Home Physical Address: _____ Address is private: Yes / No

Postcode: _____

Telephone: (Home) _____ Preferred Mobile No: _____

E-mail address/s to receive our School Newsletter: _____

Parent(s) or Caregiver(s) Information

RELATIONSHIP:: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ Mobile: _____

Postal Address: (if different from above) _____

Occupation: _____

Work Name: _____ Work Phone Ph: _____

RELATIONSHIP: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ Mobile: _____

Postal Address: (if different from above) _____

Occupation: _____

Work Name: _____ Work Phone Ph: _____

General Family Information

Does your child have any other siblings <u>CURRENTLY</u> attending Te Totara Primary School? If yes, please name and room number of their sibling/s:	YES / NO
Does your child have a sibling that <u>previously attended</u> Te Totara Primary School? If yes, please name their sibling/s and their date of birth:	YES / NO
Did either of the child's Mother or Father attend Te Totara Primary School? If yes, please give their enrolled name and the final year they attended:	YES / NO
Are either of the child's parents employed at Te Totara Primary School? If yes, please state the parent's name:	YES / NO
Are there any other children in your family likely to attend Te Totara Primary School in the future? If yes, please provide their details: Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ <i>Please note: You will need to complete a separate Enrolment Form for each child</i>	YES / NO

Emergency Contact Details: *(Must be completed)*

Please list 2 alternative local people **in Hamilton** we can contact in case of an emergency (medical or a Civil Defence) **in the event we are unable to contact parents or caregivers**. e.g. Aunty, Uncle, Friend etc.

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)
 First Name: _____ Surname: _____
 Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)
 First Name: _____ Surname: _____
 Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Health and Medical

Doctor's Name: _____
 Medical Centre: _____ Phone No: _____
 Dental Clinic: _____ Phone No: _____

Health: Please name all medical conditions or allergies: *(including an allergy to plasters)*

Medication provided to the school, full details including dosage required.

Please complete a Medication Notification/Consent Form from the School Office or download it from our website www.tetotara.school.nz

Name(s) of any person forbidden by law to have access to your child:

A copy of the legal document (Court/Parenting Order) pertaining to this must be provided to the school.

Are there any family circumstances we should be aware of? (all information provided is strictly confidential)

School Newsletter via email

Our school prides itself on the way it “reduces, reuses and recycles”. In order to reduce the time and money it takes to provide each family with a paper copy of our newsletter, we will email you a link to our website every Thursday using your **preferred email address**. Click on the Quick Link on the right-hand side of the home page to view our newsletter. However, if you do not have an email address or require a paper copy of the newsletter, please advise the School Office.

Early Childhood Education Participation

ENROL (a National Database) has changed how Early Childhood Education (ECE) information is recorded for each new entrant. This means that schools need to collect additional information for each new entrant.

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services e.g. Kindergarten and Playcentre	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	✓	(hrs/week)
g. Attended, but only outside New Zealand		
h. Attended, but don't know what type of service		
i. Did not attend		
j. Unable to establish if attended or not		

Did the child regularly attend Early Childhood Education?

Instructions: “Regularly attend” means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).**
- Not regularly, only occasionally with no ongoing schedule.
- No, did not attend ECE.

School Fees / Voluntary Donation / Sports & Trips Registrations

Our Board of Trustees has set the voluntary School Donation as follows:

First & eldest child

Term 1 (whole year)	\$120.00
Term 2 onwards	\$90.00
Term 3 onwards	\$60.00
Term 4 onwards	\$30.00

Second & subsequent children

Term 1 (whole year)	\$60.00
Term 2 onwards	\$45.00
Term 3 onwards	\$30.00
Term 4 onwards	\$15.00



“KINDO” - this online system allows families to pay for our School's Fees (*Mathletics, Aquatics, School Donation*) and is the **ONLY** way to register your child for sports or trips. **Please see our “Information Booklet” on our school website for further clarification of fees.**

You can register for “Kindo” using our App or through our School Website www.tetotara.school.nz then select the “Fees & Donations” tab (*once the School Office has processed the enrolment*).

ENROLMENT DOCUMENTATION REQUIRED

Student Eligibility documentation attached:

Yes / No

Immunisation Record (shows date of each vaccination given):

Yes / No

ENROLMENT DECLARATION

- I agree that our son/daughter is required to wear the Te Totara Primary School uniform as prescribed and abide by all the school rules and regulations as per our Uniform Expectations Guidelines.
- Should the need arise, I give permission for my child to receive the recommended dosage of Paracetamol.
- I am happy for my child to see the Dental Therapist.
- If required, I am happy to have my child seen by the Hearing & Vision Technician.
- If required, I am happy to have the Public Health Nurse see my child.
- I am happy to have the school administer sunscreen and basic first aid to my child.
- I give my general approval for the student enrolled to participate in off-site programmes learning, within his or her normal classroom time allocation and approved by the Principal. These are events related to the curriculum, either on-site in the school grounds or off-site events in the local community which are in lower risk environments.
- I give permission for my child to attend the Te Totara Primary School Aquatics Programme as part of the curriculum.
- I give permission for photos and videos of my child taken as part of our school-wide learning to be shared with our community, e.g. in the school yearbook, on our website, on our Facebook page. Children's full names will never accompany any visual images on the internet.
- I give permission for my child's photograph to be used for promotional purposes outside the school e.g. newspaper articles, pamphlets, etc.
- I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation e.g. ambulance costs
- I am happy for my child to use the school filtered internet and email as a tool for their learning while they attend Te Totara School

Consent under the Privacy Act 1993 and Declaration by Parent(s) / Guardian(s)

To the best of my knowledge the information contained in this enrolment form is true and correct. Te Totara School requires accurate information in order to communicate with parents/caregivers, to determine appropriate educational and pastoral support needs and to complete statistical returns. The Privacy Act 1993 places rules on the collection, use, storage and access of information that is received at enrolment, and from student academic records. All reasonable care is taken in the collection, storage and security of this information. From time to time it needs to be updated. Individuals have the right of access to personal information through the Principal, who is the Te Totara School Privacy Officer. At the discretion of the Principal, under section 76 and section 77 of the Education Act 1989, this information may be shared with the following groups of professionals on a need to know basis: School staff, Specialist Education services, Public Health Nurse and Doctors, Ministry of Education, Ministry of Health, Children and Young Persons and their Family service, Police, other professionals approved by the Principal. If you do not wish personal information to be released then contact should be made with the Principal.

I understand and agree that my child is required to start at Te Totara Primary School in the applicable year of their out-of-zone acceptance or their place will be forfeited.

Date you would like your child to start at Te Totara Primary School:

(NOTE: Their start date at school cannot be before their 5th Birthday)

Name of Parent: (Guardian) _____

Date: _____

Signed: _____