

**ENROLMENT FORM**

<p><b>STUDENT DETAILS</b></p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Preferred Name _____</p> <p>Address _____</p> <p>_____</p> <p>Mail to Whom _____</p> <p>Living With _____</p>	<p>Last School Attended _____</p> <p>Year Level at Previous School _____</p> <p>Gender Male/Female (circle one)</p> <p>Date of Birth _____</p> <p>Country of Birth _____</p> <p>Student's mobile phone number _____</p>
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<p><b>CAREGIVER</b></p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Address _____</p> <p>_____</p> <p>E-mail address _____</p>	<p>Home Phone _____</p> <p>Mobile Phone _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Workplace _____</p> <p>Relationship to student _____</p>
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<p><b>CAREGIVER</b></p> <p>Family Name _____</p> <p>First Name(s) _____</p> <p>Address _____</p> <p>_____</p> <p>E-mail address _____</p>	<p>Home Phone _____</p> <p>Mobile Phone _____</p> <p>Work Phone _____</p> <p>Occupation _____</p> <p>Workplace _____</p> <p>Relationship to student _____</p>
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<b>EMERGENCY CONTACT</b>	Home Phone _____
	Family Name _____
	Mobile Phone _____
	First Name(s) _____
	Work Phone _____
	Address _____
_____	Occupation _____
	Workplace _____
	Relationship to student _____

<b>ADDITIONAL EMERGENCY CONTACT</b>	Home Phone _____
	Family Name _____
	Mobile Phone _____
	First Name(s) _____
	Work Phone _____
	Address _____
_____	Occupation _____
	Workplace _____
	Relationship to student _____

<b>STUDENT MEDICAL INFORMATION</b>
Does the student have any medical concerns <b>Yes/No</b>
If yes, please specify, with degree of severity _____
_____
Permission to administer Panadol <b>Yes /No</b>
Permission to share personal information with Medical Professionals such as NMDHB <b>Yes/No</b>

<b>ETHNIC ORIGIN</b>
European/Pakeha <input type="checkbox"/> Māori <input type="checkbox"/> Other <input type="checkbox"/> Country _____
Iwi Affiliation _____

**TRANSPORT TO SCHOOL**

Walk       Bike       Bus       Car

◆ School Permission is required for students to drive a car or ride in a car driven by other students. Student drivers MUST hold the relevant licence.

School Bus Route (if applicable)

Parapara       Rockville       Bainham       Pakawau       Mangarakau

**OTHER STUDENTS INFORMATION**

Brothers/sisters at this school \_\_\_\_\_

Position in the family (eg eldest = 1st) \_\_\_\_\_

Early Childhood Education (Year 1 students only) \_\_\_\_\_

Sporting/Cultural Interests \_\_\_\_\_

Strengths/Interests \_\_\_\_\_

**FAMILY TELEPHONE GRAPEVINE**

Occasionally we may need to contact all parents/caregivers because of emergency closure of the school – usually flooding of the roads. We would like to be able to include your number on this grapevine

Yes       No

If no what is the alternative arrangement for your child in an emergency?

\_\_\_\_\_

Is there any information that may be helpful for us in knowing, understanding and assisting your child/family? (eg adopted child, blended family, custody, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give names and addresses of parents/guardians not residing with your child who should receive copies of your child's Reports

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**SCHOOL FLYER**

The school produces a fortnightly newsletter (Flyer) which is emailed to all families. Parents/guardians have the choice of receiving the Flyer as a hard copy. If you would like to receive the Flyer in this way please tick this box

**COMMUNITY AND SCHOOL SUPPORT TEAM (CASST)**

We would like to welcome you to our school and community, and hope you will be a part of this parent group which works with the school to support our students

Yes  No

**PARENT/GUARDIAN DECLARATION**

We/I agree to comply with the school's requirements concerning policies, discipline, attendance, dress code, fees, books and all other matters pertaining to the welfare of the school. We/I will see that \_\_\_\_\_ complies with the school's Regulations.

**PRIVACY ACT DECLARATION**

We/I give permission for the Principal of Collingwood Area School or his/her nominee to obtain from previous school, information/records relevant to this application

Parents'/Guardians Signatures' \_\_\_\_\_ Date \_\_\_\_\_

Please note:

*Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.*

**ELIGIBILITY FOR SCHOOLING IN NEW ZEALAND**

NZ Birth Certificate Number \_\_\_\_\_ (School also needs copy)

Permanent Residency Sighted In Passport YES NO

**OFFICE USE ONLY**

Enrolment Number \_\_\_\_\_ Year Level \_\_\_\_\_ Room \_\_\_\_\_  
Class Teacher /Dean \_\_\_\_\_ Whānau \_\_\_\_\_