



Please bring the following with you when you enrol:

- Birth Certificate or Passport
- Immunisation Certificate
- Proof of address (eg. power account etc)

Enrolment can not proceed until all this documentation is received

Enrolment Form

Please print clearly

Child's Surname	Date of birth/...../..... Boy / Girl
Child's first Name	Start Date (at Ramarama School)/...../.....
Preferred first name	Previous school
Address	Current year level
..... Postcode	

Members of your family likely to be attending this school in the future:

Name

Date of Birth/...../.....

Name

Date of Birth/...../.....

PARENTS / CAREGIVERS	
Name	Name
Relationship to Child	Relationship to Child
Address (if different from above)	Address (if different from above)
.....
Country of Birth	Country of Birth
Home Phone	Home Phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone
Contact email	Contact email
Email OK to be used for school newsletter/information/correspondence <input type="checkbox"/>	Email OK to be used for school newsletter/information/correspondence <input type="checkbox"/>
Occupation	Occupation

Living with: both parents / Mother / Father / Other

Custody/access arrangements the school should be aware of
(ie days for shared custody, court orders etc)

.....
.....

MEDICAL

Doctor / clinic Phone Vaccinated: YES/NO

Medical conditions, Allergies, Medicines

.....

I give permission for my child to receive first aid treatment at school and administer Pamol YES / NO

I give permission for my child to receive first aid treatment at school and administer antihistamine
YES / NO

I would like to be contacted before medicines are administered YES / NO

ETHNICITY

This information is required to fulfill Ministry of Education regulations.

Child's ethnic origin/s:

.....
.....
.....

Iwi your child belongs to:

.....
.....
.....

Language/s spoken at home:

I consent to my child's vision and hearing being tested YES / NO

OTHER CONTACT (if we are unable to reach you if your child is unwell, absent etc)

Name Relationship to Child Phone:

Name Relationship to Child Phone:

RELIGIOUS EDUCATION

(please circle one) YES / NO

LEARNING/BEHAVIOUR NEEDS:

.....
.....

SPECIALIST NEEDS/RESOURCING/AGENCIES:

.....
.....

OTHER INFORMATION/REQUESTS:

.....
.....

EARLY CHILDHOOD EDUCATION ATTENDANCE as required by the Ministry of Education - please complete the following:

Preschool attended

Early Childhood Education Attendance
(tick relevant service/s)

- Kohanga Reo
- Playcentre
- Kindergarten or Education and Care Centre
- Home based service
- Playgroup
- The Correspondence School
- Te Aho o Te Kura Pounamu
- Attended, but only outside New Zealand
- Did not attend

Did your child regularly attend Early Childhood Education (tick relevant timeframe)

- Yes, for the last six months
- Yes, for the last year
- Yes, for the last 2 years
- Yes, for the last 3 years
- Yes, for the last 4 years
- Yes, for the last 5 years
- Not regularly, only occasionally with no on-going schedule

How many hours per week did your child attend Early Childhood Education?
(If your child attended more than ONE centre, please combine the number of hours)

INFORMATION

The school collects the 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 with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other educational and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, except in accordance with the Privacy Act. It is available to all staff of our school and to the members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

You have the right to request access and to request collection of information held about you by the school. We would be grateful if you could contact our school office if any details needed to be changed, especially contact details.

I give permission

- For my child's first name and/or photograph to be used in school publications, including newsletters, facebook and School Website. (All media is carefully monitored to ensure everyone's online safety)
- For my child's name and/or photograph to be used in community publications and newspapers.
- For my name, phone number and email to be made available to the PTA and other people involved in school projects.

I verify that the information on this form is true and correct.

Parents / Caregivers Signature **Date**

FOR OFFICE USE ONLY

Year Level:	Room / Teacher	Birth Cert:	Passport:	Imm <input type="checkbox"/>	eTap <input type="checkbox"/>	Finance <input type="checkbox"/>	Enrol <input type="checkbox"/>	NSN
Bible YES / NO	Zone In / Out <input type="checkbox"/>	Digital agreement: <input type="checkbox"/>	Awhina Group:	Milk: <input type="checkbox"/>				