



Greytown School Enrolment Form

School Admission No:

Enrolled Date:

Year Level:

Room:

Student Details

Legal Surname/Family Name:		Legal First Name/s:	
Preferred Surname if different:		Preferred First Name:	
Address:		Mobile:	Home:
Gender:	DOB: <input type="checkbox"/> Birth Certificate or Passport attached (required for New Entrants)	Previous School:	Date started schooling in NZ:
If your child is a New Entrant did they attend an Early Childhood Centre service regularly prior to school? Yes/No			
Please circle the type of ECE and enter the number of hours per week and years of attendance			
Kindergarten/Kohanga Reo/Playcentre/Playgroup/Private Care/Overseas		Hours per week	Number of years
Country of Birth:		If not born in NZ please provide proof of Citizenship /Residency/Permit	Date NZ Entry
Ethnicity	<input type="checkbox"/> NZ Maori Iwi: Iwi: Iwi:	<input type="checkbox"/> NZ European /Pakeha	<input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Cook Is Maori <input type="checkbox"/> Indian <input type="checkbox"/> Tongan
	<input type="checkbox"/> Other Please specify		
Language/s spoken at home:		Does your child require English as a Second Language Assistance Y/N	
Specialist Needs/Resourcing/Agencies:			
Any Learning/Behaviour Needs:			
Other:			

PARENTS/CAREGIVERS/CUSTODY

Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other			
<input type="checkbox"/> Copy of court order covering any Custody/Access Issues.		(Attach further info as required).	
Caregiver 1 Name:		Caregiver 2 Name:	
Relationship:	Country of birth:	Relationship:	Country of birth:
Address: if different from pupil		Address: if different from pupil	
Home, mobile, work numbers. Please list in order best to contact:		Home, mobile, work numbers. Please list in order best to contact:	
Email:		Email:	
Work Place:	Occupation:	Work Place:	Occupation:
Other Emergency Contacts – grandparents, aunts, uncles, family friends who can pick up your child if Caregiver 1 or 2 are not available			
Name:		Name:	
Ph:	Relationship to child:	Ph:	Relationship:
Address:		Address:	

MEDICAL INFORMATION	Is your child fully immunised yes/no Copy of Immunisation Cert yes/no	Doctor/Medical Centre: Phone:	
	Please list any allergies/illnesses that may require treatment at school:		
	Condition:	Severity:	Treatment:
	Is your child on any regular medication? Yes/No	Does your child require medication administered at school? Yes/No	
	I consent to my child's vision & hearing being tested. Yes/No I give permission for the school to administer Panadol to my child without having to contact me first. Yes/No	Dental Clinic: Phone:	
CONSENTS	I give permission for the school to publish photos of my child along with their name, age and class if appropriate: <input type="checkbox"/> In the school newsletter <input type="checkbox"/> In school website photos <input type="checkbox"/> In school Facebook photos <input type="checkbox"/> Only in a group without identifying them by name	<input type="checkbox"/> I have read the Internet Safety Procedures and I am aware of the school's initiatives to maintain a cybersafe learning environment including my child's responsibilities. <input type="checkbox"/> I give my child permission to have supervised access to the internet while at school. <input type="checkbox"/> My year 7/8 child and I have signed the Kauri laptop agreement.	
	<p>Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport. Our school believes in using a range of environments and experiences to enhance our students' learning and some of the learning for students occurs beyond the school site. The school will provide parents with a description of the activity before the departure date of any out of school trip. Despite the fact that blanket consent has been given parents still have the right to withdraw their child from any activity for which they have a safety concern. Any EOTC event in a high-risk environment will need separate parental consent.</p> <input type="checkbox"/> I give permission on an ongoing basis for my child to participate under teacher/parental control within the Wairarapa school environment – Greytown, Featherston, Carterton, Martinborough, Masterton in low risk EOTC environments.		
APPROVALS / DECLARATIONS	<p>Attendance: I understand that the school requires punctual and regular attendance to meet the obligations to the Ministry of Education and that I must explain any absences by communication with school office each day that my child is absent by 9.30am. You can report absences through the school website https://www.greytown.school.nz/, leave a message on the phone on the absence line or download the Greytown School App.</p>		
	Parent/Caregiver name:	signature:	Date:
	<p>Parent approvals: I consent in the event of illness, accident or emergency when the school is unable to contact the caregivers or other emergency contacts I have listed on this form to allow the school to take the necessary steps to ensure that appropriate treatment is provided for my child.</p>		
Parent/Caregiver name:	signature:	Date:	
<p>Declaration: I certify that the information I have provided in this enrolment form is true. I agree to be bound by all school policies. The school agrees to keep the information contained in this document private in accordance with the principles of the Privacy Act, except where legally required, or expressly allowed.</p>			
Parent/Caregiver name:	signature:	Date:	
<p>Please sign up to the fortnightly school newsletter through the school website to keep up to date with school events: https://www.greytown.school.nz/ The school App also sends out the newsletter, notices and information of cancellations etc.</p>			
<p>Privacy Statement: This information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.</p>			
Office Use	<input type="checkbox"/> Birth Certificate/Passport	<input type="checkbox"/> Immunisation Certificate	<input type="checkbox"/> Dental Form