

**Milton Primary School**

**Enrolment Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Personal Details of Child** |
| **Student’s Surname:** | **First Names (in full):** | **Preferred First Name:** |
| **Ethnicity:** *(statistical)*With which of the following ethnic group(s) do you identify *(please circle)*New Zealand Maori*(name iwi – may be more than one)*New Zealand EuropeanOther European/Other *(please identify)*Asian *(please identify)*Pacific Islands *(state which nation)**Note: on acceptance of enrolment, you will be given an opportunity* *to advise the school on cultural matters which may assist us* | **Gender:** *(circle one)* Male Female  |
| **Date of Birth:** *(Ministry requirement: copy of birth certificate/passport must be attached)* |
| **Enrolment Year Level:** *(for example Year 1)* |
| **Citizenship:** *(please complete/circle as appropriate):*Country of Birth:Language spoken at home:Permanent Resident Status?*Yes No*New Zealand Citizen?*Yes No*In NZ on a Student Visa?*Yes No* | **Previous Education**School or Early Childhood Education currently attending:*(or last attended)*Length of time attended:  |

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| **Family Details** |
| **Caregiver 1 Details:** *(enrolling parent / caregiver)*Name:Relationship to student:*(include guardianship status if applicable)* | **Caregiver 2 Details:** Name:Relationship to student:*(include guardianship status if applicable)* |
| **Contact Details:** Address:Home Phone:Work Phone:Cell Phone:e-mail: | **Contact Details:** Address:Home Phone:Work Phone:Cell Phone:e-mail: |

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| **Family Details Continued** |
| **Custody/access Arrangements:** Do both the child’s parents live at the same address? *(please circle)*Yes NoIf ‘No’, who is the child living with?Copies of child’s report and school newsletters to be sent to both caregivers *(if not living at same address)*Yes NoCustody/access arrangements about which the school should be aware of? | **Brothers/Sisters at School:** *(names)* |
| **Any Younger Family Members:** *(names and dates of birth)* |
| **Travel to School:** *(please circle at least one)*Walk Bicycle Car School Bus *(If by school bus, school to complete name of bus route)*: |

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| **Health Details** |
| **Student Health Matters:**Any medical conditions, health matters, or disability about which the school should be aware:Attends Dental Clinic: *(please circle)*Yes No | **Emergency Contact Person:** Name:Relationship to Student:Address:Home Phone:Work Phone:Cell Phone:e-mail: |
| **Details of Student’s Doctor:** Name:Contact Phone:*(please attach immunisation certificate with enrolment form)* |

The information on this form is collected and used by the school in educating your child, and for associated school activities. It is available to all staff of the school and to 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.

The school is sometimes obliged by law to give information to Government Departments (e.g. Ministry of Education, and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

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

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| **General** |
| **Contact with Child’s Early Childhood Centre:** To ensure a smooth transition to starting school, do you agree to let us contact your child’s Early Childhood Centre to discuss the learning needs of your child if required? *For children starting as 5 year olds.* | Yes | No |
| **Home and School:** Do you agree to your contact details being passed to the Home and School Committee for social and fundraising activities within the school? | Yes | No |
| **Class Trips Within Local Environment:** Do you approve of your child going on class trips in the local environment for educational purposes? | Yes | No |
| **Publication of Child’s Photo/Work:** From time to time the school takes photographs of students to record activities within the school for student’s records, the school newsletter, class blogs, and the school website. It is the school’s policy that any photos/work for publication are positive depictions of the children. Do you give permission for your child’s photo and/or work being used for such purposes? | Yes | No |
| **Fonterra Milk for Schools Programme:** Fonterra Milk for Schools is all about growing healthy kids and milk contains essential nutrients for growth and development. The natural nutrition of milk gives children calcium for building bones as well as the nutrients they need for sustained energy, concentration and learning in the classroom. Participation (milk once a day) is entirely voluntary.  | Yes*I would like my child to participate in Fonterra Milk for schools and have milk at school.* | No**Please circle one of the following:***I don’t want my child to participate in Fonterra Milk for Schools.**My child has a dairy intolerance and/or allergy and cannot participate.* |

**Parent/Guardian Signature: ……………………………………………………….**

**Date: …………………………………………………………………………………..**

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| **For School Use** |
| Copy of birth certificate or passport held? | Copy of immunisation certificate sighted? |
| Yes | No | Yes | No |
| Given copy of school prospectus? | Given ‘Guide for Parents’? |
| Yes | No | Yes | No |
| Name added to Lock Down Roll list?Yes No | Allocated to a Whanau Group (list updated)?Yes No |
| School bus details organised? | Details of enrolment entered *(MUSAC/ENROL)*? |
| Yes | No | Yes | No |
| **Notes:**  |  |  |