



# Boulcott School

## Enrolment Application Form

office use

### PRE-ENROLMENT

Date Received: \_\_\_\_\_

ENROLMENT #: \_\_\_\_\_

Mark N/A where information is not applicable.

Student Information

Legal Surname \_\_\_\_\_ Preferred Name \_\_\_\_\_

First Name/s \_\_\_\_\_ Gender (circle one) Boy / Girl

Address \_\_\_\_\_ Date of Birth / /

Essential – originals sighted and copied  Birth certificate  Passport/Visa

Position in Family \_\_\_\_\_ of \_\_\_\_\_

Email (school correspondence) \_\_\_\_\_

Home Phone \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mobile No (emergency evacuation) \_\_\_\_\_ Citizenship Yes/No Date of NZ entry \_\_\_\_\_

Ethnicity 1 \_\_\_\_\_ Iwi/Hapu 1 \_\_\_\_\_

2 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 3 \_\_\_\_\_

Home Language \_\_\_\_\_

Previous School (if applicable) \_\_\_\_\_ Year Level \_\_\_\_\_

Caregiver Information

Relationship to Child **Mother/Father/Legal Guardian** **Mother/Father/Legal Guardian**

Legal Surname \_\_\_\_\_

First Name \_\_\_\_\_ Mr/Mrs/Ms/Miss \_\_\_\_\_ Mr/Mrs/Ms/Miss \_\_\_\_\_

Country of Birth \_\_\_\_\_

Address (if different to child) \_\_\_\_\_

Phone - Home \_\_\_\_\_

Work/Daytime \_\_\_\_\_

Mobile \_\_\_\_\_

Email (if different to above) \_\_\_\_\_

Occupation \_\_\_\_\_

Child lives with (please tick)  Both Parents  Mother  Extra school report required  Father  Extra school report required  Shared Custody  Caregiver

Legal Guardian/s \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

Court order issued Yes / No / NA  Copies of orders attached

People you authorise to collect your child from school and provide care in the event of sickness/civil defence emergency; additional to parents/caregivers.

**Emergency Care**

|                       | Contact 1 | Contact 2 |
|-----------------------|-----------|-----------|
| Full Name             | _____     | _____     |
| Relationship to Pupil | _____     | _____     |
| Address               | _____     | _____     |
| Phone - Home          | _____     | _____     |
| Work/Daytime          | _____     | _____     |
| Mobile                | _____     | _____     |

**Medical**

Doctors Name \_\_\_\_\_  
 Medical Centre \_\_\_\_\_ Phone \_\_\_\_\_  
 Please detail any medical condition/s and medication the school should be aware of. Please attach further information as required.  
 Medication \_\_\_\_\_  
 Serious problems \_\_\_\_\_  
 Speech \_\_\_\_\_ Allergies \_\_\_\_\_  
 Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
 Regional Public Health do vision and hearing tests on some children. Do you consent to this? Yes / No  
 Dental Clinic \_\_\_\_\_

**B<sub>4</sub> School Check**

Has your child had a B<sub>4</sub> School Check? Yes / No  
 Health \_\_\_\_\_  
 Developmental \_\_\_\_\_  
 Behavioural \_\_\_\_\_

**Immunisation Record**

All primary schools are required to keep a register recording the immunisation status of all enrolled children.  
 Is your child immunised? Yes / No  
 Has he/she completed his/her Immunisations? Yes / No  
 Please supply Immunisation Certificate from your Doctor or your child's Plunket Book (copy)

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|------------|----------|
| Sighted    | Yes / No |
| Requested  | _____    |
| Completed  | Yes / No |

**Student Support**

Learning/behaviour \_\_\_\_\_  
 Specialists needs, resources, agencies \_\_\_\_\_  
 Other information/ requests \_\_\_\_\_

**Other Family**

Siblings currently attending Boulcott School  
 Name \_\_\_\_\_ Year Level \_\_\_\_\_  
 Name \_\_\_\_\_ Year Level \_\_\_\_\_  
 Siblings likely to be attending this school in the future.  
 Name \_\_\_\_\_ Date of Birth / /  
 Name \_\_\_\_\_ Date of Birth / /

Was ECE regularly attended?  Yes, for the last \_\_\_\_\_ years  
 Not regularly, only occasionally with no on-going schedule.  
 No, did not attend ECE

Did your child attend an ECE service in the six months prior to starting school? If yes, please enter the number of **hours per week** for up to three services

Kohanga Reo  
 Playcentre  
 Kindergarten or Education and Care Centre:

Name: \_\_\_\_\_

Home based service

Playgroup

The Correspondence School – Te Aho o Te Kura Pounamu

| Service 1<br>(hrs/week) | Service 2<br>(hrs/week) | Service 3<br>(hrs/week) |
|-------------------------|-------------------------|-------------------------|
|                         |                         |                         |
|                         |                         |                         |
|                         |                         |                         |
|                         |                         |                         |
|                         |                         |                         |
|                         |                         |                         |

Or, please tick the appropriate box below **only if section above is left blank**

- Attended, but only outside of New Zealand
- Attended, but don't know what type of service
- Did not attend
- Unable to establish if attended or not

**Privacy statement.** The 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 records made from this information may be viewed on request at the school. 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 authorised or required by law.

**Parent approvals.** I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.

Parent/Caregiver  
 Signature \_\_\_\_\_

Date \_\_\_\_\_

## ENROLMENT CHECKLIST

To complete this pre enrolment Boulcott School and the Ministry of Education requires:

### For all students

- All sections of the above form completed (*make N/A where information not applicable*).
- Certified copy of New Zealand Birth Certificate or current passport (*we will photocopy this for you*).
- An immunization Certificate completed by your doctor (*please inform us if you have elected not to immunise*).

### Students born outside New Zealand

- NZ Citizens: Certified copy of New Zealand passport or citizenship certificate.
- If not a NZ Citizen: Current student visa.

## Having fun, learning at Boulcott School

