

PRE-ENROLMENT

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

Enrolment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**office use**

**Boulcott School**

Enrolment Application Form

***MY CHILD LIVES WITHIN THE SCHOOL ZONE / MY CHILD LIVES OUT OF THE SCHOOL ZONE***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
| **Sibling of a child already attending Boulcott School:** | | | **YES /NO** | | |  | | | |
| 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 |  Father | |  Shared Custody | |  Caregiver |
|  Extra school report required |  Extra school report required | |
| Legal Guardian/s |  | | Relationship to pupil | | |  | |
| Court order issued | Yes / No / NA | |  Copies of orders attached | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Care** | People you authorise to collect your child from school and provide care in the event of sickness, additional to parents/caregivers. | | | |
|  | 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 | |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B4 School Check** |  | |  | | | | | |
| Has your child had a B4 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. | | | | | | **office use** | |
| Sighted | Yes / No |
| Is your child immunised? | | | | | Yes / No | Requested |  |
| Has he/she completed his/her Immunisations? | | | | | Yes / No | Completed | Yes / No |
| Please supply Immunisation Certificate from your Doctor or your child’s Plunket Book *(copy)* | | | | | |  |  |
|  |  | | | | | | |
| **Student Support** | Learning/behaviour | | |  | | | | |
|  | | | | |
| Specialists needs, resources, agencies | | |  | | | | |
|  | | | | |
| Other information/ requests | | |  | | | | |
|  | | | | |
|  | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Family** | Siblings currently attending Boulcott School | | | | |
| Name |  | Year Level |  | |
| Name |  | Year Level |  | |
|  | | | | |
|  |  |  | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Education Participation** | 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 | | | | | | | | | |
|  | | | | | | | Service 1  *(hrs/week)* | Service 2  *(hrs/week)* | Service 3  *(hrs/week)* |
|  | Kohanga Reo | | | | | |  |  |  |
| Playcentre | | | | | |  |  |  |
| Kindergarten or Education and Care Centre*:* | | | | | |  |  |  |
| *Name:* | |  | | |  |  | | |
| Home based service | | | | | |  |  |  |
| Playgroup | | | | | |  |  |  |
| The Correspondence School – Te Aho o Te Kura Pounamu | | | | | |  |  |  |
| 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 Approval** | **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**

www.boulcott.school.nz