

NSN: _____

Enrolment Form

Please fill out **both** sides of form and return to school with Passport or Birth Certificate & Immunisation Certificate
 Enrolments cannot be completed without these documents

Child Details:

Last Name: _____	First Names: _____
Address: _____ _____	Preferred Name: _____
	Date of Birth: _____ Boy/Girl
Country Born: _____	Pre-School/Kindergarten: _____
Date Entered NZ: _____	Previous School: _____
Language/s Spoken at Home: _____	School Address: _____
Ethnic Group (Up to 3): _____	Iwi (Up to 3): _____
Is your child currently under suspension or disciplinary action from another school? Yes / No	

Parent/Caregiver Details:

1 st Parent/Caregiver:	Relationship:	Occupation:	Phone:
			(hm)
Address (if different to above):			(wk)
Email Address:			(mob)
Legal Guardian: Yes / No	Access Rights: Yes / No / Not Applicable		

2 nd Parent/Caregiver:	Relationship:	Occupation:	Phone:
			(hm)
Address (if different to above):			(wk)
Email Address:			(mob)
Legal Guardian: Yes / No	Access Rights: Yes / No / Not Applicable		

Child lives with: Mother Only Father Only Both Parents Other

Other Arrangements _____

Emergency Contact (if Parent/Caregiver can't be contacted):

1 st Emergency Contact Name: _____	Phone No. _____
2 nd Emergency Contact Name: _____	Phone No. _____
Doctor: _____	Phone No. _____

Parent / Caregiver Declaration:

Medical Factors:

1. Does your child suffer from asthma or any other medical problem we should be aware of?
Yes No If Yes – details _____
2. Does your child have any allergies? (eg: Bee stings, foods, soaps etc.)
Yes No If Yes, describe what happens: _____
Type of Allergy: _____ When did this last occur?: _____
3. Has your child ever contracted or been in contact with any communicable disease?
(eg: TB, Hepatitis, etc.) Yes No

Accident/Emergency Guidelines:

Teachers are responsible for the welfare and safety of children within the confines of the school, on approved excursions and during emergency evacuations. That responsibility extends to the taking of reasonable steps in the event of an accident or other medical emergency. Occasionally the need arises for staff to seek medical attention for a child after an accident when parents/caregivers cannot be contacted to immediately take action themselves. Therefore:

1. I authorise the staff of Lyall Bay School to take reasonable steps in the event of an emergency concerning my child and to seek necessary medical treatment at a local medical centre or hospital facility acting as my agent. Yes
2. I undertake to meet any resultant charges/costs Yes
3. I also authorise my emergency contact person to make emergency decisions regarding the care of my child in consultation with the school if I cannot be contacted. Yes No

Policies and Procedures:

- I agree that my child shall be subject to the established policies and procedures of the school particularly as they relate to rules and discipline. These are described on our website and in the "Welcome to Lyall Bay School" Booklet.
- I give my consent for my child to participate in organised class outings, eg, Public Library visits, Aquatic Centre.
- Whenever he/she is absent or late I shall telephone the school or provide a note of explanation.
- I agree to my child's work being made available for sharing via the school's internet website and newsletters. (This includes any photographic material taken during the school day. Your child's first name only would be used.)
- I agree to my child's full name being published in the "Welcome" section of our weekly newsletter.
- I understand that my child will work with trainee students from time to time as part of normal school programmes.

Official Enrolment Records:

- I understand that an Official Enrolment Record will be started, if my child has not been enrolled in another school. This Enrolment Record will be made available to the Ministry of Education or its agents if requested for a specific purpose. (Rule 4 Student Enrolment Records MOE 99/3)
- I also agree that Lyall Bay School may have access to information and records pertaining to my child from previous schools and agencies (if applicable) and that information about my child may be passed on to other schools or relevant agencies. By Ministry regulations, a copy of the Enrolment Record, Attendance data and this signed Declaration will be held at the school for audit purposes for a period of 7 years after your child leaves Lyall Bay School.

This enrolment is signed knowing that the information given is protected by the Privacy Act and that the school has given an assurance that the information will not be released to anyone other than those who are entitled under the terms of the Act.

Enrolled by: _____ (Please **print** name) Relationship to child: _____

Signed: _____ Date: _____