



ST CLAIR SCHOOL

STUDENT ENROLMENT FORM

135 Richardson Street

Dunedin 9012

Surname	First Name(s)	Preferred Name
Residential Address (evidence required)	Home Phone	Date of Birth (cert/passport required)
_____	Email address (Mother)	
_____	Email address (Father)	
Post Code _____ In zone/Out of zone	Gender: Male/Female	Year Level NE 1 2 3 4 5 6
Student lives with:	Name of eldest sibling currently at this school	Names of siblings who may attend this school
Both Parents / Mother / Father /Guardian	_____	1. _____ Birth Date _____
Other (please specify) _____	Previous School (if applicable)	2. _____ Birth Date _____
	_____	3. _____ Birth Date _____

EARLY CHILDHOOD EDUCATION: *Select and indicate regular hours per week attended in the 6 wks before starting school*

A:	Never attended EC Centre	Hrs/wk	D:	Pacific Island EGG Group or Playgroup	Hrs/wk
B:	Attended a licenced Kohunga Reo	Hrs/wk	E:	Unable to establish whether ECE attended	Hrs/wk
C:	Kindy, Playcentre, Education Centre or Homebase	Hrs/wk	F:	Attended ECE by type unknown	Hrs/wk

FIRST CONTACTS *e.g. Mother/Father/Guardian*

Full Name _____ Relationship to child _____ Home Phone _____ Work Phone _____ Occupation _____ Mobile Phone _____	Full Name _____ Relationship to child _____ Home Phone _____ Work Phone _____ Occupation _____ Mobile Phone _____
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ALTERNATIVE EMERGENCY CONTACTS *e.g. relative/friend/neighbour*

Full Name _____ Relationship to child _____ Daytime phone _____ Mobile Phone _____	Full Name _____ Relationship to child _____ Daytime Phone _____ Mobile Phone _____
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HEALTH INFORMATION

CUSTODY/ACCESS RESTRICTIONS

Doctors/Medical Centre _____ phone _____ Are there any health problems we should be aware of? e.g. allergies, asthma, diabetes, epilepsy, sight, hearing, speech Immunisation (Certificate required) <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not	Note custody issues here (attach appropriate documents)
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ETHNICITY

STUDENTS NEW TO NEW ZEALAND

<p>Country of birth _____</p> <p><input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori</p> <p>If Maori, Iwi: 1. _____</p> <p> 2. _____</p>	<p>Date of Entry into NZ _____</p> <p>Country of birth _____</p> <p>Language spoken at home (other than English) _____</p> <p>Do you have a Student Permit? Yes/No</p> <p>Passport No: _____</p> <p>Visa Expiry Date _____</p>
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PERMISSION AND CONSENT DETAILS

I give permission for my child to attend all Education Outside the Classroom Trips (E.O.T.C.) YES/NO
Individual permission will be sought for overnight trips/excursions in High risk situations

I give permission for my child's photograph to be used for promotional purposes e.g. magazine, YES/NO
media, web site etc

I give permission for my child to use the school computers and internet within the constraints of the YES/NO
School's internet policy. (All school computers have internet safety programmes installed)

I give permission to seek medical attention in the event of an emergency, or in the event of the school YES/NO
being unable to contact me.

I give permission for my child's vision and hearing to be tested YES/NO

In terms of the Privacy Act 1993 the school needs your written consent for the following matters, Please help us by showing YES or NO where indicated

- I agree to St Clair School collecting information relating to my child's education progress YES/NO
- I agree to St Clair School requesting records from my child's previous school YES/NO
- I agree to St Clair School sending records to another school should my child leave YES/NO
- I agree to my child's records being open to access by:
 - the Public Health Nurse YES/NO
 - Special Education Services staff YES/NO

PLEASE NOTE: The Dental Therapist periodically seeks names and classes to follow up on children who are not enrolled with the Dental Clinic
Records are made available for Hearing and Vision Testing taking place within the school

Are there any special abilities/need/issues the school should be made aware of concerning your child?

Parent signature _____ **Date** _____

<p><i>Office Use Only</i></p> <p>Enrol No. _____ Rm No. _____ Teacher _____ NSN _____ Start Date _____</p>	<p><input type="checkbox"/> Information Pack Issued</p>
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