

Empowering Confident Learners



Chaucer School Enrolment Form

STUDENT DETAILS

Student's legal surname _____

Student's legal first name _____

Student preferred name _____ Boy / Girl (circle)

Date of Birth _____ Child lives with _____

PARENT/GUARDIAN DETAILS AND EMERGENCY CONTACTS:

Mother / Father / Other: (circle one)
If "Other" please state relationship:

Mother /Father /Other: (circle one)
If "Other" please state relationship:

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Employer _____

Employer _____

EMERGENCY CONTACTS (when caregivers unable to be contacted)

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

(The student may be released into the care of the people named above)

Is there any restricted access (such as Custody Arrangements / Protection Orders) that the School needs to be made aware of? YES / NO Please advise:

(The original of any court order will need to be sighted, and a copy will be kept on file.)

STUDENT'S HEALTH DETAILS

Immunisations completed? YES / NO (circle)

Please bring immunisation booklet or Med Centre letter detailing immunisations to school office.

Are there any health issues that the school needs to be made aware of? YES / NO (circle)

Allergies: _____

Hearing: _____

Sight: _____

Speech: _____

Has your child had Before School Hearing and Vision tests done? YES / NO

Medical Centre Address _____ Ph: _____

Does your child have any special learning or behavioural needs? YES / NO - If yes please give details:

Please circle whether your child has received special assistance in any of the following areas:

Reading/ Writing/ Maths/ Behaviour/ Speech/ Motor skills/ Learning English/ Gifted & Talented/
General Learning Issues/ Other: _____

Did your child attend an Early Childhood Centre (day care) or Kindergarten prior to starting school? YES / NO Name of Centre attended: _____

Please complete the table below

Tick one-	Hours per week	Date or year started
NZ Playcentre		
NZ Kindergarten		
NZ Education / Care Centre		
Home based service		
NZ playgroup		
NZ Correspondence School		
Attended, but only outside New Zealand		
Attended, but don't know what type of service		
Did not attend		

Ethnicity

Ethnic Group (s) _____

First Language _____

Home Language _____

Other Languages _____
(if any)

Date Student entered New Zealand (if applicable): _____

New Zealand Resident? YES / NO If No: Does student have a student visa? YES / NO

(A copy of visa/permit is required, original must be sighted by office staff.)

Is the student a refugee? YES / NO

For Students of Maori descent/ethnicity

Does the student have an affiliation with an(y) Iwi? If Yes. Please complete details below. Please enter the name(s) of the student's Iwi. Up to three Iwi affiliations may be entered. Iwi affiliation(s):

PARENTS DETAILS:

Country of Birth of Mother: _____

Country of Birth of Father: _____

If parent(s) born outside New Zealand, please include any of the following for **each** parent with your child's enrolment application:

NZ Passport or NZ Citizenship Cert or Permanent Resident Permit (indefinite)

Please ensure you include all the documents listed in the option that applies to your child's enrolment:

*Option (a) New Zealand Birth Certificate and Immunisation record.

*Option (b) International Birth Certificate and New Zealand Passport and Immunisation record.

*Option (c) International Birth Certificate and International Passport with immigration visas/permits for both student and parent and Immunisation record for student

***Please note: We will require further documentation if parents are born outside New Zealand**

PRIVACY: The personal information provided in this application is for school management only.

- The school sometimes publishes students' work and photographs in the school newsletter / noticeboards and website. Please let us know if we have your permission to do this for your child(ren)?

- **I give permission for** **Photo** **YES / NO** **School work** **YES / NO**

Signed: _____

Signed: _____

- **I /We do not consent to this because:**

Signed: _____

Free Milk for Schools: Chaucer is part of the Fonterra "Milk in Schools" programme, this is a free nutritional programme that supplies every child at our school with a carton of milk every day. Your child does not have to have milk – it is optional.

Please see the 'Frequently asked questions' information sheet or visit

www.fonterramilkforschools.com

I give permission for my child _____ to have milk at Chaucer school.

I do not give permission for my child _____ to have milk.

Are there brothers or sisters who are already enrolled at Chaucer? Names & Room

Name _____ Room _____

Name _____ Room _____

Are there brothers or sisters who will be starting at Chaucer in the future:

Name: _____ Date of Birth ___ / ___ / _____

Name: _____ Date of Birth ___ / ___ / _____

Please give details of previous school student attended if transferring from another school

Has your child ever been enrolled under a different name at an N.Z. school? YES/NO

If Yes - What name _____

OTHER DETAILS: Is there any other information about the student that the school needs to know?

UNIFORM: Students are required to wear the Chaucer school uniform – if they are unable to wear it on any day, please write a note of explanation to the teacher.

PARENT/ GUARDIAN DECLARATION:

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address to a potential Intermediate or Secondary school or Government or Health Services, on request.

I understand that the school will take action on my behalf in case of sudden illness or injury and I will reimburse the school any associated costs incurred. I agree to abide by school policies.

Signature of Parent/Caregiver: _____

Date: _____

CHECKLIST FOR ENROLMENT

- I have completed all parts of the enrolment form
- I have provided a copy of my child's immunisation details
- I have provided a copy of my child's NZ birth certificate or
- I have provided a copy of my child's International birth certificate and NZ passport or immigration visa/permit
- I have provided a copy of both parents' proof of NZ citizenship (if parents born overseas)
- I have completed the internet use agreement form
- I have completed the vision and hearing test form

For office use only

Date of Enrolment	Enrolment No.
Birth date verified YES/NO	Year level on enrolment
Birth Certificate No.	Class on enrolment
Passport No.	Teacher on enrolment
Student Visa copied YES/NO/Not App	Parent Work Visa copied YES/NO/Not App
Immunisation form supplied? YES/NO	Student immunised YES / NO
Dental form YES/NO	Speak other languages:
Vision & Hearing form YES/NO	ESOL YES/NO
Internet form YES/NO	HOUSE
Milk: Can have milk? YES/NO	PRIORITY LEARNER/SENCO circle one