

# Empowering Confident Learners

## Chaucer School Enrolment Form



Please also 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) Other Birth Certificate and New Zealand Passport and Immunisation record.

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

### 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:

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Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_

### EMERGENCY CONTACTS (when caregivers unable to be contacted)

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell 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:

\_\_\_\_\_

*(Copies of any court order will need to be sighted.)*

### STUDENT'S HEALTH DETAILS

Immunisation Certificate attached? YES / NO (circle)

Immunisations completed? YES / NO (circle)

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 record details:

\_\_\_\_\_  
\_\_\_\_\_

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

Reading/ Writing/ Maths/ Behaviour/ Speech/ Motorskills/ 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**

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

## 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(s). Up to three Iwi affiliations may be entered. Iwi affiliation(s):

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Ethnic Group (s)	_____	Home Language	_____
Country of Citizenship	_____	Country of Birth	_____
Country of Birth of Mother	_____	ESOL Required	Yes/No
Country of Birth of Father	_____		

Citizenship document included – tick one NZ Birth Cert    NZ Passport    NZ Citizenship Cert

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. Student visa copy must be accompanied by copy of parent's work permit or residency permit)

Are you a refugee? YES / NO

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

**Free Milk for Schools;** We have joined 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](http://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 may be possible future Chaucer students:

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Previous School student is transferring from (if applicable): \_\_\_\_\_

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 on request to a potential Intermediate or Secondary school.

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:** \_\_\_\_\_

***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	Work Visa copied YES/NO/Not App
Immunisation form supplied? YES/NO	Student not immunised?
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