

# Sylvia Park School



Date Started SPS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Year: \_\_\_\_\_

Room Number: \_\_\_\_\_

Teacher:

NSN:

ENROL / eTap EN:

Legal surname:				Legal first name/s:			
Preferred surname:				Preferred first name:			
Gender:            Boy                                  Girl		Home Language:					
Date of Birth:				BDV -Birth Cert No:			
Country of Birth:				BDV -Passport No:			
Ethnicity	Name		Code	Iwi-Hapu	Name		Code
1				1			
2				2			
3				3			
Previous School:				Year Level:		Place in family:          of	
Siblings at this school:							
Members of your family likely to be attending this school in the future.							
1.				Birth date:          /          /			
2.				Birth date:          /          /			
3.				Birth date:          /          /			
Child lives with:		Both Parents		Mother		Father	
		Other					
Zone:		In                          Out                          NA		Proof of Address:		Yes                          No	
Surname:				First Name:			
Address							
Home Ph:				Relationship to student:			
Work Ph:				Country of Birth:			
Mobile Ph:				Email:			
Surname:				First Name:			
Address							
Country of Birth:				Relationship to student:			
Work Ph:		Home Ph:		Mobile Ph:			
Emergency Contact-Surname:		First Name:		Relationship to student:			
Home Ph:		Work Ph:		Mobile Ph:			
<b>Did your child attend one or more ECE service(s) in the six months prior to starting school</b>							
Please enter the number of hours per week for up to 3				ECE-1 (hrs/wk)	ECE-2 (hrs/wk)	ECE-3 (hrs/wk)	
a) Kohanga Reo							
b) Playcentre							
c) Kindergarten or Education and Care Centre							
d) Home based service / Playgroup							
e) Correspondence School – Te Aho o Te Kura Pounamu							
f) Attended, but outside New Zealand							
g) Attended, but don't know what type of service							
h) Did not attend / Unable to establish if attended or not							
<b>Was Early Childhood Education regular?</b> (sessions each week / fortnight) Please circle one.				<b>1.</b> Yes for the last _____ year/s <b>2.</b> Not regularly, only occasionally or with on-going schedule. <b>3.</b> No, did not attend ECE.			
Hearing and Vision Form Completed:      Yes / No				Immunisation Certificate:			
Dental Info Given:                                  Yes / No				Sighted: Yes / No          Requested          Completed: Yes / No			

Work Visa / Student Visa / Resident Visa / Visitors Permit / Refugee		
Student:	DOE to NZ	Student Visa Expiry Date:
Father:	DOE to NZ	Work Permit Expiry Date:
Mother:	DOE to NZ	Work Permit Expiry Date:
Other – Visitor / Refugee:		
Allergies		Sight
Medication required at school	Yes / No	Hearing
Other		Speech
Learning & Behaviour Needs		Special Needs (Background / Funding) eg CYF / ESOL / ORRS
Other Sensitive Information		
Custody Arrangements	Yes / No / NA	
Access Restrictions	Yes / No / NA	
Court Order Issued (Copy of Supporting Documentation Attached)	Yes / No / NA	
Have you got internet access at home?		

- **I agree to send my child to school every day and on time.**
- **When my child cannot attend school, I will let the school know by 9.00am at the latest.**
- **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.

- **Parents Approval**

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.

- **I acknowledge that the information given on this form is true and correct in every particular.**
- **I agree to abide by all school policies and rules.**

*Please Note: All NEW ENROLMENTS at Sylvia Park School will wear the compulsory school uniform.*

Mr / Mrs / Miss / Ms .....

SIGNATURE OF PARENT / CAREGIVER / LEGAL GUARDIAN / GUARDIAN

Dated at Auckland this ..... day of ..... 20\_\_

This enrolment form consists of two pages

Departure Date LDS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year: \_\_\_\_\_

New School: \_\_\_\_\_