

# ENROLMENT FORM

**PLEASE COMPLETE ALL SECTIONS**

## Office Use Only

Enrol  
No. \_\_\_\_\_

Rm: \_\_\_\_\_ Yr: \_\_\_\_\_

Teacher: \_\_\_\_\_

House: \_\_\_\_\_

Start: \_\_\_\_\_

## STUDENT INFORMATION

Legal Surname:	Date of Birth:
Preferred Surname:	Gender: Male Female
Student's legal first names:	
Preferred first name:	First Language:
Street Address:	
Suburb:	City/Town:
Postcode:	Telephone Home:
Previous School:	

Does the student have any brothers / sisters who are currently at Russley School? Yes No

If yes, please give name/s and current year level

Names of members of family likely to be attending this school in the future:

1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

**ETHNICITY** (up to three) \_\_\_\_\_

Iwi student belongs to - if applicable (up to three) \_\_\_\_\_

## PARENT(S) OR CAREGIVER(S) STUDENT LIVES WITH

1. First name:		Surname:		Title: Mr/Mrs etc
Relationship to student:		Occupation:		
Cell Phone:		E-mail:		
Name of Workplace:		Workplace Phone:		
2. First name:		Surname:		Title: Mr/Mrs etc
Relationship to student:		Occupation:		
Cell Phone:		E-mail:		
Name of Workplace:		Workplace Phone:		
Name of Legal Guardians:				

## PARENT(S) STUDENT DOES NOT LIVE WITH (where relevant)

Title: Mrs/Mrs etc	First name:	Surname:
Address:		
Telephone Home:	Work:	Cell Phone:
Relationship to Student:		
Access Allowed: Yes No	Receive School Reports: Yes No	
Custody Access Arrangements: <i>Please attach information.</i>		

## EMERGENCY CONTACT OTHER THAN HOME CONTACT

1. Title Mr/Mrs etc	First name:	Surname:
Relationship to Student:		Home Phone:
Cell Phone:		Workplace Phone:

2. Title: Mr/Mrs etc	First name:	Surname:
Relationship to Student:		Home Phone:
Cell Phone:		Workplace Phone:

### HEALTH

Family Doctor: ..... Phone .....

List health/medical problems (allergies, sight, hearing, speech) and severity eg. mild, moderate, severe:

.....

.....

Any relevant prenatal or premature birth details: .....

List any medication student is taking: .....

☒ In an emergency, school may act on behalf ☒ School may administer pain relief eg. paracetamol

Learning / Behaviour Needs: (*please specify*) .....

.....

### EARLY CHILDHOOD EDUCATION

Please complete the table below for the last service(s) attended. If your child attended more than one service at the same time please enter hours per week for up to three services.

Please enter the number of hours per week for up to three services in New Zealand	Service 1 (hrs / week)	Service 2 (hrs / week)	Service 3 (hrs / week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home base service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Attended but only outside New Zealand (please tick box)			
h. Attended but don't know what type of service			
i. Did not attend			
j. Unable to establish if attended or not			

### Approximately how long did your child attend these services?

Please tick 1 year — 2 years 3 years 4 years

### ZONING INFORMATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school as an in-zone student. If the school learns that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board may review the enrolment under Section 11 OA of the Education Act 1989.

I am making an enrolment application as an In-Zone applicant Out of Zone applicant

I confirm that the address which I have provided to the school will be the usual place of residence of .....(*student name*) when the school is open for instruction.

I will advise the school of any subsequent change of address. Signed: .....



## EDUCATION OUTSIDE THE CLASSROOM

Education Outside the Classroom (EOTC) is the name given to all activities occurring outside the classroom, both on school grounds and off-site, including sporting events. Russley students participate in a wide range of EOTC learning opportunities, some of which may require travel outside the school. Teachers identify and manage any potential risks and, depending on the type of activity and level of risk, this process may be monitored by the Board and/or Principal.

There are three levels of activities, each with specific requirements regarding parental/caregiver consent and these are outlined below.

Levels	Activity
1	At school, or within close proximity for example: sports events, fun days, nature studies, walks. <b>Consent required:</b> Blanket permission provided on enrolment (see below).
2	Off-site events occurring entirely in school time and finishing no later than 4pm e.g. zone sports, team sport events, class trips to the museum. Parents are advised of the finishing time if it is later than 3.15pm. <b>Consent required:</b> Blanket permission provided on enrolment, but parents are always informed that the event is to occur.
3	Off-site or on-site events occurring in one day involving risk assessed to be greater than that associated with the average family activity e.g. water activities (apart from swimming sports), rock climbing, sailing, beach study etc and any event involving an overnight stay e.g. school camp. <b>Consent required:</b> A separate parent/caregiver signed consent form is required for any event in this category.

By signing this form, you consent to your child participating in all Level 1-2 activities. For any Level 3 event, you will always be provided with a specific consent form and students will not participate in any such Level 3 activity if a signed consent form is not received by the school prior to the event.

I/we give permission for our child, as named above, to participate in Level 1-2 Education Outside the Classroom activities as detailed above. I/we have provided the school with up-to-date medical and other information and will notify the school of any changes to that information.

Parent/ Caregiver Name ..... Signature .....

## INTERNET AGREEMENT

Rules are in place to ensure safe use of the internet at Russley School. The school will strive to restrict student access to offensive, dangerous, inappropriate or illegal material at school (e.g. internet, email).

### These guidelines as they apply to a student are:

- I must never give anyone on the Internet any personal details about my family or myself. This includes my name, address, phone number, passwords, the name of our school and where members of my family work unless I have a staff member's permission.
- I will be online only during the times and days I have agreed with a staff member.
- I will tell a staff member if I come across anything on the Internet that frightens me or makes me feel unsafe or uncomfortable. I will switch off the computer monitor, move away and tell a staff member immediately.
- I must stay out of any chat rooms, social networking websites and any other web sites, which have not been approved by a staff member.
- I will respect all ICT equipment and will treat it with care.

We (parents/student) have read and discussed the guidelines and we understand the agreement will be revisited annually in class. If a student breaks the rules in the Internet Agreement the school may take disciplinary action against that student including possible removal from any programme that involves computer use.

Parents/caregivers of all students (Years 1-8) to sign and students from Year 4 up to sign:

Parent/ Caregiver Name ..... Signature .....

## PUBLICATION PERMISSION

From time to time, a student's work (eg poems, stories) and/or image may be chosen for publication in the newsletter, for display on the noticeboard, uploaded to a team blog or the school website, etc.

☐ Please tick I grant permission for the school to publish work/images of my child.

.....  
*Signature of Parent or Caregiver*

**Please ensure you have attached the following information to your enrolment form**

- ☐ Copy of birth certificate    OR    ☐ Copy of passport
- ☐ Proof of in-zone address i.e. purchase contract, tenancy agreement or rates invoice
- ☐ Immunisation/vaccination record
- ☐ Student visa or residence visa if born outside New Zealand    OR    ☐ Citizenship certificate

*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 pupil information to appropriate education and health authorities, within the limitations of the Privacy Act. I further approve the forwarding of my child's name and address on request.*

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

.....  
*Signature of Parent or Caregiver*

.....  
*Date*



### SCHOOL USE ONLY

*Birthdate Verified*

*Start Date*

*Class Level*

Yes / No / Requested

*Immunisation Certificate*