



Waikite Valley School

1090 Waikite Valley Road, RD 1, Rotorua 3077 Tel 07 3331888, Fax 07 333 1782

www.waikitevalley.school.nz office@waikitevalley.school.nz

STUDENT DETAILS

Legal surname _____

Preferred Surname (if different from above) _____

All first name/s _____

Preferred Surname (if different from above) _____

Gender _____ Date of Birth (dd/mm/yy) _____
(Birth Certificate to be copied upon enrolment)

Country of Birth _____

NZ Citizen Yes/No _____

NZ Resident Yes/No _____ (Copy of Visa required)

Date NZ Entry _____ (dd/mm/yy)

Language spoken at home _____

Student will be eldest at this school? Yes No

If No, please name brothers/ sisters who are attending this school

For Office Use Only

Student Enrolment No: _____/_____/_____

Start Date: _____/_____/_____

E tap ENROL Pupil Data

Permissions @school

D.O.B. Verification / Visa Yes / No

Proof of Address Yes / No

Immunisation Yes / No

Internet Permission Yes / No

Milk in Schools Yes / No

Notes: _____

Year Level: _____

Room: _____

Teacher: _____

PARENT/GUARDIAN DETAILS and Emergency Contacts

Mother/Guardian: Name _____ Occupation _____

If not Mother, please indicate relationship: _____

Lives with? Home Address: _____

Mail Address (if different): _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Father/Guardian: Name _____ Occupation _____

If not Father, please indicate relationship: _____

Lives with? Home Address: _____

Mail Address (if different): _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Emergency Contacts Name: _____ Name: _____

Please use same contacts Phone: _____ Phone: _____

as older sibling Relationship: _____ Relationship: _____

CUSTODY ACCESS

Court Order Issued?

Yes/No/NA

Attach further info as required.

EARLY CHILDHOOD EDUCATION (only for New Entrant Enrolments)

Please indicate any Early Childhood education this student has received (if just starting school this year)

- Kohanga Reo
- Play centre
- Kindergarten or Early Childhood Education
- Home based service
- Attended but only outside NZ
- Did not attend any service

Was ECE regularly attended?

- Yes, for the last _____ year/s
- Not regularly, only occasionally

Approx. number of hours per week

Ethnic Group

Please choose up to three Ethnic which you feel your child belongs to

- NZ European/ Pakeha
- New Zealand Maori – Please indicate Iwi Affiliation
 - 1. _____
 - 2. _____
- Other European
- Pacific Islands (specify)
- Asian (specify)
- Other (specify)

DETAILS OF PRE – SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

1. NAME: _____ Birth Date: _____
2. NAME: _____ Birth Date: _____

HEALTH INFORMATION – Please outline any health problems or medication

Name of Family Doctor: _____ **Phone:** _____

Allergies/Medical condition/s _____

Medication _____ OK for Pamol

Vision/Speech/Hearing or any other concerns _____

PREVIOUS SCHOOL AND LEARNING/BEHAVIOUR NEEDS

Student is transferring from: _____ Year Level: _____

Learning / Behaviour needs: _____

Specialist needs/ Resourcing / Agencies: _____

Has your child been stood down, suspended or excluded from another school? Yes No

If so what was the reason? _____

PARENT / CAREGIVER DECLARATION

I/We acknowledge that the information is true and correct in every particular and will be relied on by the School. If found to be false by the School, then the School reserves the right to remove the child.

I/We agree that our child shall abide by all the School rules and regulations.

I/We understand the need to pay School costs.

I/We understand and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Waikite Valley School. If your requires short term medication e.g. Cough Syrup / antibiotics, I/We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (e.g. store in fridge). In the event of a sudden illness or accident, I/We authorise the staff of Waikite Valley School to obtain such medical assistance as may be necessary.

I/We understand that my child's work and image may be used in accord with the schools online publishing policy/procedures.

I/We understand that the information given on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. I/We agree to update our details should they change.

I/We also agree to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

Consent for EOTC events I give permission for my child to participate in our local community. I understand that the school will follow EOTC Policy and Guidelines to ensure the safety of students participating in these events. I understand that this consent applies to my child for the duration of their enrolment at Waikite Valley School.

Signature: _____ **Date:** _____