



Waikite Valley School

1090 Waikite Valley Road, RD 1, Rotorua 3077 Tel 021 294 9633

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

STUDENT DETAILS

Legal surname _____

Preferred Surname (if different from above) _____

All first name/s _____

Preferred name (if different from above) _____

Gender: M/F Date of Birth (dd/mm/yy) _____

(Birth Certificate to be copied upon enrolment if this is first enrolment in a NZ school)

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

PARENT/GUARDIAN DETAILS and Emergency Contacts

Mother/Guardian: Name _____ Occupation _____

If not Mother, please indicate relationship: _____

Home Address: _____

Mail Address (if different): _____

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

Email: _____ Mobile: _____

Father/Guardian: Name _____

Occupation _____

If not Father, please indicate relationship: _____

Home Address: _____

Mail Address (if different): _____

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

For Office Use Only

Student Enrolment No: ____/____

Start Date: ____/____/____

ENROL Pupil Data

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

Image/work internet permission Yes / No

Immunisation Yes / No

Internet Permission Yes / No

Bus Agreement Yes / No

Year Level: _____

Room: _____

Teacher: _____

Notes: _____

Email: _____ Mobile: _____

Emergency Contact 1 Name: _____ Phone: _____
Relationship: _____

Emergency Contact 2 Name: _____ Phone: _____
Relationship: _____

CUSTODY ACCESS

Court Order Issued? Yes/No/NA Attach further info as required.

Please indicate any Early Childhood education this student has received:

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

Hours attended per week: _____ Year attendance began: _____

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 (specify) _____
- Pacific Islands (specify) _____
- Asian (specify) _____
- Other (specify) _____

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

NAME: _____ Birth Date: _____

NAME: _____ Birth Date: _____

HEALTH INFORMATION – Please outline any health problems or medication

Name of Doctor: _____ Allergies/Medical condition/s _____

Medication _____ OK for Pamol: YES/NO

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: _____

PARENT / CAREGIVER DECLARATION

I/We acknowledge that the information provided about our child/ren is true and accurate.

I/We agree that we will support the school rules and regulations.

I/We agree to allow my child's work and image to be used in the school newsletter, or on the school website and facebook page (in accordance with the schools digital policy and guidelines).

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 for 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 events in our local community (Eg. cross country, swimming at school). 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/s: _____ Date: _____

Name/s: _____



SCHOOL WEBSITE & FACEBOOK PAGE - PERMISSION SLIP

I / We give permission for _____

to have their work and or photo displayed on the school website and school facebook page

. Yes / No

Signed: _____ Date: _____