

KILBIRNIE SCHOOL PRE-ENROLMENT FORM

Box 14 543
72 Hamilton Road
Phone: (04) 939 2311
E Mail: office@kilbirnie.school.nz

Kilbirnie
Hataitai

Wellington 6421
Wellington 6021

Website: www.kilbirnie.school.nz



ALL SECTIONS MUST BE COMPLETED

STUDENT DETAILS

Office use only

Last name/Family name: _____

NSN No: _____

All first names: _____

Student Num: _____

Preferred name: _____

Enrolled: _____

Gender: _____ Date of Birth: _____

Started: _____

Country of birth/citizenship: _____

Immunisation document:
Birth Cert/NZ passport/Visa
Other eligibility evidence:

Language spoken at home: _____

Year Level: _____

Ethnic group identified with: _____

Room: _____

Iwi affiliation (if applicable):

Does the student have an affiliation with an(y) Iwi?	If yes then please complete the details below for Ministry of Education purposes.
<p>Iwi Affiliation: Please enter the name(s) of the student's Iwi where the student identifies as belonging to one or more Iwi.</p> <p>Up to three Iwi affiliations may be entered for the student.</p> <p>If the student has an Iwi affiliation, but does not know the name of their Iwi, please enter "don't know"</p>	<p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p>

CAREGIVER DETAILS: PLEASE LIST PREFERENCE OF FIRST CONTACT

1. _____ Lives with (please tick) 2. _____ Lives with (please tick)

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home Ph: _____ Work Ph: _____

Home Ph: _____ Work Ph: _____

Mobile: _____

Mobile: _____

Email Address: _____

Email Address: _____

Occupation: _____

Occupation: _____

Emergency Contact 1: _____ Relationship: _____ Phone: _____
 Emergency Contact 2: _____ Relationship: _____ Phone: _____
 Emergency Contact 3: _____ Relationship: _____ Phone: _____
 Emergency Contact 4: _____ Relationship: _____ Phone: _____

The above may be contacted to collect your child in the event of a civil defence or other emergency if the parents/caregivers can't be contacted.

PLEASE INFORM THEM THAT YOU HAVE NOMINATED THEM TO BE EMERGENCY CONTACTS

MEDICAL CONDITIONS AND SPECIAL NEEDS

Please describe: (attach documentation if appropriate).

<ul style="list-style-type: none"> Any medical, psychological, behavioural or other conditions affecting your child's health or wellbeing.
<ul style="list-style-type: none"> Any learning related special needs your child has.
<ul style="list-style-type: none"> Any parenting, guardianship or constraint order involving your child- (a copy of such orders must be provided).

Name of Family Doctor: _____ Phone: _____

Name of dentist: _____ Phone: _____

Permission to administer Panadol/Paracetamol if necessary	Yes / No	
Permission to participate in "Milk in Schools"	Yes / No	
Permission to administer First Aid:	Yes / No	
Permission to call doctor in emergency:	Yes / No	
Permission to call dentist in emergency:	Yes / No	
Permission to show child's image on school web site:	Yes / No	
Permission for contact details to appear in School Directory:	Yes / No	(Copy is given to each family)

Parentlink is a group of parents that organise social and fundraising activities and events in support of the school. They are always eager for new members.
 Would you like Parentlink to contact you to discuss? Yes / No

REQUIRED DOCUMENTATION-Birth certificate/NZ Passport and/or Student Visa and immunisation records.

The Ministry of Education requires all schools to keep copies of a child's birth certificate and Immunisation documents as part of school records. Your doctor will be able to provide you with immunisation records if you don't have these. We can copy original documents for you at the school. Please include these with this enrolment form as we are unable to complete the enrolment without them.

REQUIRED DOCUMENTATION-Proof of residence within the school zone.

As our school has a home zone the Ministry of Education requires a record of proof of residence within the zone to be kept. Examples of proof can be gas or electricity bills showing the in-zone address of the parent or caregiver that the child lives with. Please include this with the enrolment form as we are unable to complete the enrolment without it.

OTHER INFORMATION:

Previous School or Preschool: _____

Names/DOB of any Preschool siblings: _____

VERIFICATION STATEMENTS :

- I/We acknowledge that the above information is true and correct.
- I/We agree that our child shall abide by the school rules and regulations
- I/We understand that the information on this form will be used by the school to maintain appropriate school records and effective contact with the enrolled student's parents/caregivers.
- I/We agree that our child may undertake occasional short trips to destinations near the school for education, sporting or cultural learning opportunities. These will involve walking under the supervision of their teacher. Parents/caregivers will be notified by letter of any other trips, including all those made using vehicles.
- I/We understand the rules and regulations regarding the Kīlbirnie School home zone and ensure the school that the child is eligible to be enrolled. I/we understand that the school has the authority to annul the enrolment of any child should it become aware of discrepancies in home zone eligibility.
- I/We understand that the Ministry of Education requires that any child under the age of 6 must regularly attend school once they have enrolled and started.
- **Declaration:**

I certify that the information completed in this Enrolment form is true.

I agree to be bound by all school policies and procedures.

The school agrees to take care in keeping the information contained in the document private, except where legally required, or expressly allowed.

Parent/Caregiver Name: (please print):

Signature: _____ Date: _____

EARLY CHILDHOOD EDUCATION PARTICIPATION

This information is a Government requirement for any new entrant into a New Zealand school.

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of <i>hours per week</i> for up to three services	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 based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

OR

Please tick appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

“Regularly attend” means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday or had a family occasion, etc.

- Yes, for the last _____ year(s)
 Not regularly, only occasionally with no ongoing schedule
 No, did not attend ECE.

ESOL Supplementary Enrolment Form

Please help us learn more about your child and family by filling in this form to accompany our regular enrolment form. We hope that by having this information we can better cater for your child.

First Name	Last Name
1	
2	
3	

Previous Education in your Country

Pre School / Primary / Secondary

Name of School	Location	Length of time	Age	Languages Used
1				
2				
3				

We value your family's languages and culture and wish to support you in fostering these.

Can your child **read** in his/her own language?

Not at all A little Fluently

Can your child **write** in his/her own language?

Not at all A little Fluently

Has your child learnt **English** before arrival in NZ?

Yes No

If yes, where has he/she learnt **English**?

School Home Private Tutor Language School

How long has he/she learnt English?

Years _____ Months _____ Hours per week _____

Parents

Will father and mother be living in New Zealand?

Father	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mother	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other family living in New Zealand

Language child uses when speaking to:

Mother _____
Father _____
Grandparents _____
Other family _____

Can mother **spea**k English?

Not at all A little Fluently

Can mother **rea**d English?

Not at all A little Fluently

Can father **spea**k English?

Not at all A little Fluently

Can father **rea**d English?

Not at all A little Fluently

To help us support your family, is there an interpreter you would like us to work with?

Name _____ Relationship to child _____

Address _____ Phone _____

The questions below help us understand more about your child so we can plan his/her learning programme.

Is there anything we need to know about your child's health and happiness?

Are there any challenges that make it hard for your child to succeed at school?

How does your child feel about coming to school?

What hobbies or interests does your child have?

What sports or activities is he/she interested in?

Can you tell us any more information?

