



SEATOUN SCHOOL ENROLMENT FORM

Seatoun Enrolment Scheme

Seatoun School operates within a zone. If you live in the zone, and meet residency requirements, you are entitled to enrol. Please fill in all sections and bring all documents as listed on the checklist.

If not, do not fill in this form. If you would like your child/ren to be included in our out of zone ballot (held September each year), please complete our out of zone enrolment form.

CHILDS LEGAL SURNAME: _____

CHILDS LEGAL FIRST NAMES: _____

CHILD LIVES WITH: (eg Mother, Father, Parents, Grandparents) _____

ADDRESS: (where the child resides. If shared custody, please include second address)

Court order issued? Yes / No (attach info as required)

Does an extra copy of the school report need to be sent? Yes / No

Address: _____

BIRTH DATE: _____ MALE/FEMALE: _____ ETHNICITY: _____

IF MAORI, STATE IWI / HAPU: _____

IF YOUR CHILD WAS NOT BORN IN NZ, PLEASE COMPLETE THE FOLLOWING:

DATE OF ARRIVAL IN NZ: _____ COUNTRY OF CITIZENSHIP: _____

RESIDENCY STATUS: _____ COUNTRY OF BIRTH: _____

PARENT/CAREGIVER DETAILS:

PRIMARY CONTACT: (this will be the schools main contact)

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____ OCCUPATION: _____

PLACE OF WORK: _____ WORK PHONE: _____

SECONDARY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: (if different) _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____ OCCUPATION: _____

PLACE OF WORK: _____ WORK PHONE: _____

EMERGENCY CONTACT / ADDITIONAL CAREGIVER 1:

NAME: _____ RELATIONSHIP: _____

ADDRESS: (if different) _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____ WORK PHONE: _____

EMERGENCY CONTACT / ADDITIONAL CAREGIVER 2:

NAME: _____ RELATIONSHIP: _____
ADDRESS: (if different) _____
HOME PHONE: _____ MOBILE: _____
EMAIL: _____ WORK PHONE: _____

MEDICAL DETAILS:

DOCTOR: _____ PHONE: _____

ARE THERE ANY HEALTH CONDITIONS WE NEED TO BE AWARE OF?

(eg allergies, asthma, diabetes, epilepsy, hay fever, sight, hearing, speech, medication – please attach additional information if required)

Has your child had a B4 School Check? Yes / No

OTHER SIBLINGS:

NAME: _____ DOB: _____ NAME: _____ DOB: _____
NAME: _____ DOB: _____ NAME: _____ DOB: _____

ANY OTHER RELEVANT INFORMATION:

PREVIOUS SCHOOL/S ATTENDED:

EARLY CHILDHOOD EDUCATION: Please select one and include hours per week for New Entrants only.

A: Never attended an EC Centre C: Pacific Island ECC or Playgroup Hrs/wk
B: Attended a licensed Te Kohanga Reo Hrs/wk D: Kindy, Playcentre, Education Centre or Homebased Hrs/wk

CHECKLIST: On enrolling your child you must bring the following documents with you to the School Office.

If born in NZ or Australia	If NOT born in NZ or Australia
<input type="checkbox"/> School Enrolment Form	<input type="checkbox"/> School Enrolment Form
<input type="checkbox"/> Birth Certificate or Passport	<input type="checkbox"/> Passport and Visa
<input type="checkbox"/> Immunisation Certificate / Well Child Book	<input type="checkbox"/> Immunisation Certificate
<input type="checkbox"/> Verification of Residence	<input type="checkbox"/> Verification of Residence
<input type="checkbox"/> ICT Agreement Form	<input type="checkbox"/> ICT Agreement Form
<input type="checkbox"/> I consent to my child's vision and hearing being tested	
<input type="checkbox"/> I consent to my child being seen by the mobile bee healthy regional dental service	
<input type="checkbox"/> I agree that the school will take action on my behalf in case of sudden illness or injury	
<input type="checkbox"/> I agree to abide by the school's policies	
<input type="checkbox"/> I consent to my child participating in outdoor activities including transport involved with our school programme (you will be notified prior for trips outside of the immediate school environment)	
<input type="checkbox"/> I have read and consent to the schools ICT Agreement	
<input type="checkbox"/> I consent to our contact details being published in the Seatoun School Families List Booklet and being distributed to contributing families	
<input type="checkbox"/> I give permission for my child's photo or school work to be used on the school website	
<input type="checkbox"/> I consent to my child's records being sent on to another school upon request	
<input type="checkbox"/> I consent to the school contacting previous education centres for information about my child	

SIGNED: _____ DATE: _____

From time to time, I could help out in the following way _____
(we would not swamp you with requests, but it would be wonderful if we knew about your professional area or skills and knowledge)