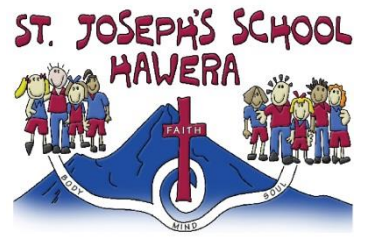


St Joseph's School, Hawera

Student Enrolment Form

32 Victoria Street, Hawera, 4610

Phone (06) 2787482, Fax (06) 2787492, Mobile (027) 3835145, email: admin@sjh.school.nz



STUDENT DETAILS

Legal Surname: _____

Preferred Surname (if different from above): _____

All first name/s: _____

Preferred name (if different from above): _____

Gender: _____ Date of Birth (dd/mm/yyyy): _____
(Birth Certificate to be copied upon Enrolment)

Catholic: Yes / No Baptised: Yes / No First Reconciliation/Eucharist: Yes / No

Country of birth: _____

NZ Citizen: Yes / No

NZ Resident: Yes / No (copy of visa required) / Date NZ Entry: ____ / ____ / ____ (dd/mm/yyyy)

Language spoken at home: _____

Student will be eldest at this school? Yes No

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

Year enrolling at: 0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

Method of Travel to & from school: Bus (form required), Walk, Car, Bike

For Office Use Only

Student Enrolment No: ____ / ____

Start Date: ____ / ____ / ____

NSN: _____

Mission Group: _____

Assembly ENROL Pupil Data

Permissions @school

D.O.B. Verification / Visa: Yes / No
(Birth Certificate / Passport)

Immunisation: Yes / No

Milk in Schools: Yes / No

Notes: _____

Year Level: _____

Room: _____

Teacher: _____

PARENT / LEGAL GUARDIAN DETAILS and Emergency Contacts

Mother / Guardian Name: _____ Occupation: _____

If NOT mother, please indicate relationship: _____ Catholic: Yes No

Lives with? Home Address: _____

Mail Address (if different): _____

Phone: (home) _____ (work) _____ (Mobile) _____

Email: _____

Father / Guardian Name: _____ Occupation: _____

If NOT mother, please indicate relationship: _____ Catholic: Yes No

Lives with? Home Address: _____

Mail Address (if different): _____

Phone: (home) _____ (work) _____ (Mobile) _____

Email: _____

Emergency Contacts Name: _____ Name: _____

Phone (home): _____ Phone (home): _____

Please use same contact as older sibling Phone (mobile): _____ Phone (mobile): _____

Relationship: _____ Relationship: _____

CUSTODY OR ACCESS AGREEMENTS

Please circle one and provide relevant supporting documents where applicable:

Both Parents

Mother only

Father only

Shared Custody

Additional Information: _____

Extra Copy of School Report to: _____ Extra Copy of School Newsletter to: _____

ETHNIC GROUPS

Please choose up to two Ethnic Groups which you feel your child belongs to:

- | | |
|--|---|
| <input type="checkbox"/> NZ European / Pakeha | <input type="checkbox"/> Other European |
| <input type="checkbox"/> New Zealand Maori – Please indicate Iwi Affiliation | <input type="checkbox"/> Pacific Island (specify) |
| 1. _____ | <input type="checkbox"/> Asian (specify) |
| 2. _____ | <input type="checkbox"/> Other (specify) |

PREVIOUS SCHOOLING

Date first started any Primary School: _____ (ie: date first started school)

Student is transferring from School (School name): _____ Year: _____

NEW ENTRANT ONLY

Please indicate what Early Children Centre this student attending (if this is your child's first year at school)

- | | | |
|--|---|---|
| <input type="checkbox"/> Kohanga Reo | <input type="checkbox"/> Home Based Service | Was ECE regularly attended? |
| <input type="checkbox"/> Playcentre | <input type="checkbox"/> Attended, but only outside New Zealand | <input type="checkbox"/> Yes, for the last _____ years |
| <input type="checkbox"/> Kingdergarten or Early childhood Education Centre | <input type="checkbox"/> Did not attend any service | <input type="checkbox"/> Not regularly, only occasionally |
| | | Approx number of hours per week: _____ |

LEARNING AND BEHAVIOUR

Learning / Behaviour needs: _____

Specialist Needs / Resourcing / Agencies: _____

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

If yes, what was the reason? _____

HEALTH RECORD – Please outline any health problem(s) or medication(s)

Name of Family Medical Centre: _____ Phone: _____

Allergies: _____ Medication: _____ Ok for Pamol / Panadol

I consent to my child's vision and hearing being tested: Yes No

I permit my child to drink milk (milk for schools programme) – free for Year 0 to Year 6: Yes No

IMMUNISATION – Please complete this section on immunisation ONLY if your child is enrolling at 5 years of age.

The immunisation certificate has been brought to school on enrolment: Yes No

My child is (please tick): Fully immunised Not immunised at all

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

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

PARENT / CAREGIVER

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

I/We agree that our child shall abide by all 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 St Joseph's School. If our child 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 (eg. store in fridge). In the event of accident or sudden illness, I/We authorise the staff of St Joseph's School, Primary School to obtain such medical assistance as may be necessary.

I/We understand that the information 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 contact 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 walking trips to events 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 St Joseph's School.

I/We agree that our child's photo, name and achievements are able to be used in our newsletter, website or in other forms of public relations for the school.

Signature: _____ Date: _____