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| ENROLMENT FORM |

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| b BALFOUR SCHOOL  Macintosh HD:Users:office:Desktop:images.jpeg  131 Queen Street Phone (03) 201 6042  PO Box 96 Mobile 027 8914897  Balfour email: [office@balfour.school.nz](mailto:office@balfour.school.nz)  9746 www.balfour.school.nz | | | | | |
| **STUDENT DETAILS** | | | | | |
| Surname: | | | First Names: | | |
| Address: | | | Date of Birth: | | |
|  | | | Gender: Girl/Boy | | |
| Postal (if different from above) | | | Place in family: out of child(ren) | | |
|  | | | Sibling(s) likely to attend this school in the future: | | |
| Phone number | | | Name: Birth Date: | | |
| Email: | | | Name: Birth Date: | | |
| Pre-school (Kindergarten etc.) | | | Name: Birth Date: | | |
| Approx Duration at Pre School (Months/Yrs): Approx hours per week spent at pre school: | | | | | |
| Previous School Attended: | | | | | |
| Details of any medical conditions, disabilities or allergies: | | | | | |
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| Other Learning and Behaviour Needs: | | | | | |
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| **ETHNIC INFORMATION** | | | | | |
| Ethnicity: NZ European/Pakeha NZ Maori IWI: | | | | | |
| Other: Language spoken at home: | | | | | |
| Was your child born in New Zealand: YES NO | | | Date of Entry to New Zealand: | | |
| If ‘**YES**’ please attach a copy of: Birth Certificate: | | | | | |
| If ‘NO’ please attach a copy of: Relevant Visa details Birth Certificate/Passport: | | | | | |
| **PARENT/CAREGIVER DETAILS** | | | | | |
| Mother/Caregiver 1 | | | Father/Caregiver 2 | | |
| Title | | | Title | | |
| Full Name: | | | Full Name: | | |
| Address: | | | Address: | | |
| Home phone: | | | Home phone: | | |
| Mobile phone | | | Mobile phone | | |
| Work Name/location & number: | | | Work Name/location & number | | |
| Child lives with: Both Parents Mother/CG1 Father/CG2 (*please circle*) | | | | | |
| **Emergency Contacts (when caregivers unable to be contacted)** | | | | | |
| Full Name: | | | Full Name: | | |
| Home phone: Work phone: | | | Home phone: Work phone: | | |
| Mobile phone: | | | Mobile phone: | | |
| Relationship to Child: | | | Relationship to Child: | | |
| **MEDICAL INFORMATION** | | | | | |
| Doctor: | | | Phone: | | |
| Immunised (Certificate Attached): ( ) Partially Immunised (Certificate Attached): ( ) Not Immunised: ( ) | | | | | |
| **OFFICE USE ONLY:** | Teacher: | | Room | | Year: |
| Date of Entry: | | Enrolment No: | | NSN: |
| Birth Certificate received: ( ) | | Copy of Immunisation Certificate received: ( ) | | Passport/Residency Verified: ( ) | |
| Date Enrolment received: | | | Passport/Residency Expiry date: | | |

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| **OTHER INFORMATION** |

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| **Attendance**  The school requires punctual and regular attendance to meet the obligations to the Ministry of Education. Absences must be communicated and explained to the school. |

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| **Student Information**  In the event of any change to the information provided on this enrolment form, the parent(s) or caregiver(s) will notify the school as soon as possible |

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| **Sickness/Emergency**  In the event of illness, accident or emergency, the school will use all possible means to contact parent(s)/caregiver(s) or any other emergency contacts that you have detailed on this form. In the event that contact cannot be made and urgent medical attention is required, you agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for the student ( ) (*please tick if you agree*) |

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| **Privacy**  The personal information provided in this application will be used for school management purposes only and to fulfil the school’s legal requirements  At times the school will publish student names and photographs in the school newsletter/noticeboards and on the school website, to commend achievements or for participation in school events. Please tick the applicable option:  ( ) I have no objection to my child’s name, photograph or school work appearing in the newsletter.  ( ) I have no objection to my child’s name, photograph or school work appearing on the school website.  ( ) Parental consent is not given (detail below)  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  ( ) I give permission to the school to release information to the PTA for fundraising purposes and class  activities only. |

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| **Acceptance**  I/We acknowledge, on behalf of the student and the family, that we accept and will reinforce the values and goals of the school  I/We accept the conditions of enrolment for my/our child and agree to abide by them  Name: ………………………………………………………………………...  Signature …………………………………………………………………………  Date: ………………………………………………………………………… |