



**HURUPAKI PRIMARY SCHOOL**  
**APPLICATION FOR ENROLMENT**



**STUDENT INFORMATION**

**SURNAME OF STUDENT:** \_\_\_\_\_  
*(Please provide a birth certificate ONLY. If not NZ citizen, child's and parent's passport.)*

**FIRST NAMES OF STUDENT:** \_\_\_\_\_

**PREFERRED FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*(Please provide TWO verified documents, e.g., utility bill, tenancy agreement. Mobile phone accounts not accepted.)*

**CONTACT EMAIL ADDRESS:** \_\_\_\_\_

**STUDENT LIVING WITH: MOTHER / FATHER / OTHER (please specify)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **COUNTRY OF BIRTH:** \_\_\_\_\_

**ETHNIC GROUP:** \_\_\_\_\_ **GENDER: MALE / FEMALE (please circle)**

**IWI (if Maori):** \_\_\_\_\_

**LANGUAGE(S) SPOKEN AT HOME:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ **DATE OF ENTRY TO NEW ZEALAND (if applicable)** \_\_\_\_\_

**HOW MANY YEARS HAS YOUR CHILD SPENT IN NZ SCHOOLS?** \_\_\_\_\_

**PLEASE LIST PRE SCHOOL / EARLY CHILDHOOD EDUCATION: (only for New Entrant/Year 1 admissions)**

	<i>NAME OF CENTRE</i>	<i>APPROX HOURS PER WEEK</i>	<i>YEARS/MONTHS</i>
Kohanga Reo			
Kindergarten			
Playcentre			
Home-based service			
Playgroup			
Other			

**FOR STUDENTS TRANSFERRING FROM ANOTHER NEW ZEALAND SCHOOL (if applicable)**

**NAME OF PREVIOUS PRIMARY SCHOOL:**  
\_\_\_\_\_

**PREVIOUS YEAR LEVEL:** \_\_\_\_\_

**MEDICAL INFORMATION**

NAME OF DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS OF DOCTOR / MEDICAL CENTRE: \_\_\_\_\_

Please tick the boxes below if your child suffers from any of the following medical conditions (allergies, disabilities, special conditions):

- |   |                                    |                                   |  |
|---|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Bee/Wasp Stings |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other    |  |

DETAIL MEDICAL CONDITIONS:

\_\_\_\_\_

IMMUNISED? YES / NO

IMMUNISATION CERTIFICATE ATTACHED: YES / NO

FOR THOSE STUDENTS WHO HAVE A MEDICAL CONDITION AND REQUIRE REGULAR MEDICATION, IT IS ADVISABLE TO LEAVE A SUPPLY OF THEIR MEDICATION WITH THE SCHOOL, ACCOMPANIED BY A MEDICAL AUTHORISATION FORM (available from office). ASTHMATICS MUST CARRY THEIR OWN MEDICATION.

DOES THE STUDENT HAVE A PHYSICAL CONDITION THAT MIGHT AFFECT CLASSROOM LEARNING, E.G., HEARING LOSS, NEED FOR GLASSES, MOTOR SKILLS LOSS? YES / NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**STUDENT LEARNING INFORMATION**

LEARNING AND BEHAVIOUR NEEDS: \_\_\_\_\_

SPECIAL NEEDS (BACKGROUND/FUNDING), E.G., ESOL, ORRS: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN STOOD DOWN OR EXCLUDED FROM ANOTHER SCHOOL? YES / NO

HAS YOUR CHILD EVER BEEN REFERRED TO GROUP SPECIAL EDUCATION (GSE) OR A RESOURCE TEACHER FOR LEARNING & BEHAVIOUR (RTLb)? YES / NO

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? \_\_\_\_\_

\_\_\_\_\_

**SIBLING INFORMATION**

NAMES OF FAMILY MEMBERS ATTENDING THIS SCHOOL: \_\_\_\_\_

\_\_\_\_\_

NAMES OF OTHER FAMILY MEMBERS LIKELY TO ATTEND THIS SCHOOL:

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**PARENT / CAREGIVER INFORMATION**

**MOTHER**

NAME OF MOTHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
*(if different from the physical address)*

HOME PHONE: \_\_\_\_\_ WK PH/PLACE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

**FATHER**

NAME OF FATHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
*(if different from the physical address)*

HOME PHONE: \_\_\_\_\_ WK PH/PLACE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

**IF STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT**

NAME OF CAREGIVER: \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
If different from the physical address

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF**

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (please attach copies of any relevant court papers)

EVIDENCE OF LEGAL CUSTODY IF THE STUDENT IS NOT RESIDING WITH A PARENT

COURT ORDER ISSUED: YES / NO

**EMERGENCY CONTACTS**

*(only in cases of serious illness or accident and if parent/caregiver cannot be contacted)*

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOBILE PHONE

**PARENT/CAREGIVER DECLARATION (to be read and signed)**

I wish to enrol my son/daughter at Hurupaki Primary School and acknowledge the educational philosophy outlined in the school's Information Pack.

- I confirm the information in this form is true and correct. I understand that the information provided may be used for school and Board activities, and can be passed to other agencies that work with the school for educational purposes.
- I understand my child's educational records may be requested from previous schools, and passed on to subsequent schools.
- I understand the school provides a range of support services, and that I may access these services if my child requires.
- I will support Hurupaki Primary School in all aspects of its Behaviour Code.
- I understand that if my child is ill, he/she will be kept at home and I will inform the school of his/her absence.
- I have read the Cybersafety Acceptable Use Policy and explained it to my child and we understand the policy and agree to abide by it.

**I GIVE MY CONSENT FOR:**

- My child to have his/her photograph and name used in both electronic and printed school and community publications (e.g., school website, newsletter and local paper).
- My child to participate in supervised school trips/activities. I understand that such trips if considered low risk may take place without notification being sent home.
- The school, in cases of serious illness, emergency or accident when I cannot be contacted, to arrange for my child to be taken to Emergency/Medical Services. I agree to meet any costs incurred for the treatment and/or transport of my child to medical attention.

**PARENT/CAREGIVER NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STATUTORY DECLARATION – Residential information**

I declare that all information regarding the residential status of my child pertaining to the enrolment zone is accurate. I agree that if I plan to or move out of zone, I will notify the school. I understand that if my child moves out of zone I will forfeit the child's enrolment at Hurupaki School and the child will have to leave (unless special dispensation is agreed with the principal and Board of Trustees). I have attached TWO documents as proof of address. **(Power or phone/ and tenancy agreement or sales and purchase agreement only.)**

Full name and signature: \_\_\_\_\_ YES / NO (please circle)  
Date: \_\_\_\_\_

**PARENT/CAREGIVER CHECKLIST (enrolment form and attachments)**

SCHOOL ENROLMENT FORM COMPLETED AND SIGNED	COPY OF BIRTH CERTIFICATE
PASSPORT - ONLY if from overseas. STUDENT VISA and PARENT WORK VISA/RESIDENT VISA	
COPY OF PREVIOUS SCHOOL REPORT (if applicable)	COPY OF IMMUNISATION CERTIFICATE
TWO VERIFICATION DOCUMENTS FOR PHYSICAL ADDRESS	

**THIS SECTION IS FOR HURUPAKI PRIMARY SCHOOL STAFF TO COMPLETE**

**ENROLMENT NO:** \_\_\_\_\_ **ENROLMENT START DATE:** \_\_\_\_\_ **NSN:** \_\_\_\_\_

**YEAR LEVEL:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_

**PHOTOCOPY EVIDENCE FOR:** a) BIRTH CERTIFICATE b) EVIDENCE OF ADDRESS c) IMMUNISATION CERTIFICATE

**ENROLMENT INFORMATION RECHECKED PRIOR TO STUDENT STARTING:** **SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_