



**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.)*

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? \_\_\_\_\_

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

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

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

NAME OF PREVIOUS PRIMARY SCHOOL: \_\_\_\_\_ PREVIOUS YEAR LEVEL: \_\_\_\_\_

**EMERGENCY CONTACTS**

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

NAME	RELATIONSHIP	CONTACT PHONE 1	CONTACT PHONE 2

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

OCCUPATION: \_\_\_\_\_ PLACE OF WORK: \_\_\_\_\_

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

POSTAL ADDRESS: \_\_\_\_\_

If different from the physical address

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

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

**FATHER**

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

OCCUPATION: \_\_\_\_\_ PLACE OF WORK: \_\_\_\_\_

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

POSTAL ADDRESS: \_\_\_\_\_

If different from the physical address

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

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

***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 INCLUDING EVIDENCE OF LEGAL CUSTODY IF THE STUDENT IS NOT RESIDING WITH A PARENT (please attach copies of any relevant court papers)

COURT ORDER ISSUED: **YES / NO**

**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):

Asthma  Diabetes  Epilepsy  Bee/Wasp Stings  Food Allergies  Migraines  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**

OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD, INTERESTS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 understand that my child may be seen by a school health professional and undergo vision and hearing testing.
- 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).*

**YES / NO** (please circle)

**Full name and signature:** \_\_\_\_\_ **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:** \_\_\_\_\_