

Moerewa School

Enrolment



Te Puna i Keteriki

Please don't forget to bring along your child's birth certificate and immunisation record.

Office Use Only

Student Name _____

Birth Certificate sighted: Yes/No Immunisation Certificate sighted: Yes/No Enrol date entered

DATE ENROLLED : / / Admission No. _____ ROOM _____ YEAR _____

Student Details

STUDENTS LEGAL FIRST NAMES : _____ LEGAL SURNAME : _____

PREFERRED FIRST NAME : _____ PREFERRED SURNAME: _____

DATE OF BIRTH : _____ / _____ / _____ Male Female

PHYSICAL ADDRESS : _____
Number Street Suburb Postcode

POSTAL ADDRESS (if different to above): _____

HOME PHONE : _____

Bus Pupil: Yes No Bus Route: Kawakawa Matawaia Oruta

Note: Some children catching the Kawakawa bus may have to pay for this service. Please contact Perry Clark (Clarks Coachlines) for more information. Phone 09 404 0096

Ethnicity Information

ETHNIC GROUP/S: Please tick appropriate boxes

Maori Please also indicate your iwi ...

IWI 1: _____ IWI 2: _____ IWI 3: _____

NZ European Samoan Tongan Cook Is Maori Other : _____

COUNTRY OF BIRTH: (if other than New Zealand) _____

TIME LIVED IN NEW ZEALAND: _____ Years _____ Months Date of arrival in New Zealand : ____/____/____

Classroom Options

CHILD'S FIRST LANGUAGE : Please tick Maori English Other : _____

We have the usual mainstream classrooms at Moerewa School along with 2 Maori language classrooms which teach in Te Reo Maori at 2 different levels.

Please tick your preferred option:

- Mainstream
 Junior (Yr 1-4) Immersion (between 20 to 24.75 hours instruction per week in Te Reo Maori)
 Senior (Yr 5-8) Bilingual (between 12.5 to 20 hours instruction per week in Te Reo Maori)

Children enrolling in a Maori language classroom should have attended a kohanga Reo prior to commencing school or have come from a school where they were enrolled in a Maori Language class.

Please indicate which Kohanga Reo your child attended: _____

If you would like more information please feel free to contact us to talk about these options further. Sometimes it is necessary to go on a waiting list if our Maori Language classes are full. You will be informed on enrolment if this is the case.

Medical Information

CONDITIONS : Please note how bad the condition is by ticking the appropriate box below.

Asthma Mild Moderate Severe

Headaches Mild Moderate Severe

Epilepsy Mild Moderate Severe

Eczema Mild Moderate Severe

Nose Bleeds Mild Moderate Severe

Bladder Mild Moderate Severe

Speech Mild Moderate Severe

Other : _____

Heart Mild Moderate Severe

Diabetes Mild Moderate Severe

Fainting Mild Moderate Severe

Hearing Mild Moderate Severe

Bee Stings Mild Moderate Severe

Rheumatics Mild Moderate Severe

Vision Mild Moderate Severe

Mild Moderate Severe

MEDICATION : Please note details if your child requires medication at school.

DOCTOR : _____

Previous Schools

SCHOOL YOU HAVE JUST COME FROM: _____

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Caregiver 1 Details

LEGAL SURNAME NAME : _____ FIRST NAMES : _____

LEGAL GUARDIAN : Yes No

ADDRESS : _____
Number Street Suburb

HOME PHONE : _____ WORK PHONE : _____ MOBILE PHONE : _____

EMAIL : _____ OCCUPATION : _____ WORK PLACE : _____

RELATIONSHIP : Mother Aunt Grandmother
 Father Uncle Grandfather Other: _____

Note: Only parents or legal guardians of children at school have voting rights when electing parent representatives.

Caregiver 2 Details

LEGAL SURNAME NAME : _____ FIRST NAMES : _____

LEGAL GUARDIAN : Yes No

ADDRESS : _____
Number Street Suburb

HOME PHONE : _____ WORK PHONE : _____ MOBILE PHONE : _____

EMAIL : _____ OCCUPATION : _____ WORK PLACE : _____

RELATIONSHIP : Mother Aunt Grandmother
 Father Uncle Grandfather Other: _____

Emergency Contact Details

It is essential that we are able to contact someone if immediate caregivers above are unable to be contacted in an emergency situation or where we feel a sick child needs further attention.

1. FAMILY NAME: _____ FIRST NAME: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

RELATIONSHIP : Aunt Uncle Grandparent Family Friend Neighbour Other : _____

2. FAMILY NAME: _____ FIRST NAME: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

RELATIONSHIP : Aunt Uncle Grandparent Family Friend Neighbour Other : _____

Custody / Access Restrictions

Briefly outline any issues that you feel we should be aware of. _____

We recommend that you speak to the Principal and /or teacher about any issues that may be a concern.

Prior-participation in Early Childhood Education

Has your child attended one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

1. If the child was attending more than one service *at the same time*, enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of hours per week for up to 3 services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
Kōhanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School – Te Aho o Te Kura Pounamu			

Or: please tick the appropriate box	
Attended, but only outside New Zealand	<input type="checkbox"/>
Attended, but don't know what type of service	<input type="checkbox"/>
Did not attend	<input type="checkbox"/>
Unable to establish if attended or not	<input type="checkbox"/>

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ___ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

School Agreement

We ask that you sign the following agreement to support the school and follow the school requirements. In turn, we, the school Principal, staff, and Board of Trustees agree to:

- Make sure that Moerewa School is an exciting place for your child.
- Deliver quality learning programmes and safe learning environments for your child.
- Make contact with you and keep you informed over any issues regarding your child
- Make time available when you wish to contact us
- Act quickly on any concerns or incidents you or your child report to us.

PRINCIPAL: Maia Cooper

I give permission to include student's work or images in school newsletters, on the school website and school intranet.

- Yes No

Please don't forget to bring along your child's birth certificate and immunisation record.

Parent/Caregiver Agreement

- I / we agree to support Moerewa School in expecting our child to have a great attitude towards others in the school at all times.
- I/we agree to support our child to complete all of his/her school work both during school hours and at home if necessary.
- I /we agree that my child will at all times be subject to general discipline and the rules of the school; that attendance will be regular
- I /we agree to support Moerewa School in expecting our child to correctly wear the school uniform everyday.

PRIVACY ACT:

- I understand and accept that school records containing information about my child may be shared with education and/or health officials, and will be forwarded on to the next school my child attends.
- Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD).

INTERNET AGREEMENT:

- I give consent for my child to access the internet at school for educational purposes.
- My child will follow the school's cybersafety rules.
- I have been given a copy of the Moerewa School Cybersafety Use Agreement and I agree to discuss this with my child.

DAMAGES TO SCHOOL PROPERTY:

- I understand that I will be invoiced for damages my child makes to school property. (Please refer to Prospectus for further information.)

SIGNED : _____
Parent / Caregiver

Please advise the office by phone or letter of any change of address / home phone / work number or emergency number.