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**Excellence**

**ABERDEEN SCHOOL ENROLMENT PACK**

Dear Parent

Kia ora – welcome to Aberdeen School. This enrolment form helps us with the legal processes all schools must undertake to enable your child to start school.

**You need to provide for us (no evidence no enrolment):**

1. A Birth Certificate or Passport.
2. Proof of home address - TWO items required – A utility account AND a purchase/rental Agreement .  
(not a bank statement)
3. Health information – immunisations, allergies, special medical information etc...

Please fill out all the details you can, or we can help you do this

<b>Student Details</b> <input type="radio"/> Male <input type="radio"/> Female		Place in Family ____ of ____
<b>LEGAL NAMES</b> as written on Birth Certificate or Passport		
Surname:	First Name/s:	
<b>PREFERRED NAMES</b> We will know your child by at our school (often known as alias)		
Surname:	First Name/s:	
Date of Birth:     /     /     day/month/year		
Student's Home Address:		Post Code:
Phone:	Mobile:	Email:
<b>Ethnicities</b> which ethnic group does your child identify with:		
<input type="radio"/> NZ Maori	Please specify Iwi: _____	
<input type="radio"/> NZ European		
<input type="radio"/> NZ Pasifika – Please write which island ethnicity:		
<input type="radio"/> Other (please write)	Nationality:	
1 <sup>st</sup> Language spoken at home:	2 <sup>nd</sup> :	
If first language is not English, Parents Country of Birth (Copy of passport required)		
<b>NZ Residency Status - Students not born in New Zealand</b>		
Indicate the category which applies to this application Students <b>not born</b> in New Zealand must present original documentation – passport and visa – to the school office with this enrolment form before the enrolment can be accepted and processed.		
Country of Birth:	Cultural/Ethnic Identity:	
Arrival date in New Zealand:	Religion (Optional)	
<input type="radio"/> Passport – (Copy)	<input type="radio"/> New Zealand / Australian Birth Certificate	
<input type="radio"/> Student Visa (Copy)	<input type="radio"/> Parent Work Visa – (Copy)	
<input type="radio"/> Refugee – (Copy)		
<b>OFFICE USE ONLY</b>		<b>Checklist</b>
Year Level :	Date of Birth Verified:    Yes/No	
Room:            Teacher:	Immunisation details    Yes/No	
Enrolment Number:	In Zone                            Yes/No	
Clan:	Evidence Type sighted:	
Date of Entry – Aberdeen:	Out of Zone – Reason -	
Date First Entry to School:	Contact details supplied	
Previous School attended:	Signed:	

**Contact Information – please provide 3-4 contacts for your child**

**1<sup>st</sup> Contact Person**

Surname: Mrs. Miss. Ms. Mr.

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Living with child:       Yes     No

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**2<sup>nd</sup> Contact Person**

Surname: Mrs. Miss. Ms. Mr.

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Living with child:       Yes     No

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Alternate Contacts-Not child's Parents- at least 2 please**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Other Family Details (these help us plan for the future)**

Names of younger brothers or sisters / whanau likely to be attending Aberdeen School in the future:

1. \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

2. \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Names of older brothers or sisters / whanau who are already attending Aberdeen School:

1. \_\_\_\_\_ Room: \_\_\_\_\_

2. \_\_\_\_\_ Room: \_\_\_\_\_

**Care and Communication**

Students will only be released from the school into the care of people listed on this card.

**Care Arrangements**

**Home Situation:** Student lives with:

Mother    Father    Both    Other

Is there anybody that is not allowed contact with your child?       Yes     No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

A copy of any court orders supporting the above information should be supplied to the school to enable us to enforce the order. It is the family's responsibility to inform the school of any change in custodial circumstances.

**Ministry information we are required to collate:**

Early childhood centre attended:

Type	Hours/week
Kohanga Reo	
Playcentre	
Kindergarten or Edu-Care Centre	
Home-based Service	
Playgroup	
Correspondence School-Te Aho o Te Kura Pounamu	
Attended, but only outside New Zealand	

**No of years attended :** \_\_\_\_\_

**Additional Support**

Are there any agencies involved in supporting your child?  
 Yes     No  
 Agencies Involved: \_\_\_\_\_

**Health Information:**

<p><b>Does your child have any health issues?</b></p> <p><input type="radio"/> Yes (Complete separate form)</p> <p><input type="radio"/> No</p>	<p><b>Will medication need to be kept at school?</b></p> <p><input type="radio"/> Yes – Separate form</p> <p><input type="radio"/> No</p>
<p>Name of Doctor: _____</p> <p>Medical Centre: _____</p>	<p>Immunisation/Inoculation (Photocopy required)</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p>Verified by: _____</p>

### 4 Km Approval to Leave School Grounds

The school would like your approval for your child(ren) to leave the school grounds, at the school's discretion, for supervised class and/or school activities that are within a short distance of the school (4km radius). This would cover activities such as Dinsdale Library visits, cross-country training, Year 6 visits to local intermediate schools, walking to local parks and sports venues, and observing local events of interest.

All activities will comply with the school's Risk Management requirements.

I understand that my child(ren) will be supervised at all times and that all activities will comply with the School's Risk Management requirements.

I understand that this permission is valid for the time my child(ren) attend Aberdeen School.

### We need permission for the following:

1. <input type="radio"/> Yes <input type="radio"/> No	<b><u>Internet Use</u></b> I give permission for my child(ren) to use the school's internet and email under the conditions set out in the school's Acceptable Use Agreement
2. <input type="radio"/> Yes <input type="radio"/> No	<b><u>Web/Facebook Page Images</u></b> I give permission for my child's(ren's) image to appear on the school's web/facebook page. (No names will be attached to any image.)
3. <input type="radio"/> Yes <input type="radio"/> No	<b><u>Web/Facebook Page Names</u></b> I give permission for my child's(ren's) first name to appear on the school's web/facebook page. (No last names will be used)
4. <input type="radio"/> Yes <input type="radio"/> No	<b><u>Performance Permission</u></b> I give permission for my child(ren) to appear in any DVD production with class/school activities.
5. <input type="radio"/> Yes <input type="radio"/> No	<b><u>Public Health Nurse Access</u></b> I give permission for Aberdeen School to access the services of our Public Health Nurse in the interests of your child's health.

This agreement is effective from entry to Aberdeen School and will be effective until the child(ren) leaves or until more permission is sought.

### **Parent Declaration:**

- I/we will support school rules (kawa), Values and discipline procedures as developed by the school.
- I/we understand the school uniform is a compulsory requirement for attendance at Aberdeen School
- I/we give permission for essential information to be requested from previous schools and to be given to another school as required.
- I/we understand that the school will take action on my behalf in case of sudden illness or injury to my child(ren).
- I/we agree to abide by school policies.
- My/our child is not currently suspended from a school.

*In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I also approve the forwarding of my child's name and address on request to a potential Intermediate School.*

Signature of Parent/Guardian Enrolling Student: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Signature of Aberdeen School Senior Manager: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Thanks so much for completing this paperwork 😊**  
**We hope you and your family have a wonderful association with our fantastic school.**



## 7. Blanket Consent form

This EOTC form is to cover events that occur during the course of a school day and conclude prior to approximately 6.00 pm.

Where an event involves risk exposure greater than what would typically be the case at schools, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents, you will also be asked to update the health and contact information held by the school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Aberdeen school office during the year.

Please ensure that all sections of this form are completed and it is returned to the Aberdeen school office by xxxx

### Privacy Statement:

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*

### Student Information

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

### Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- |   |     |     |               |
|---|-----|-----|---------------|
| • Is your child able to swim 50 metres?                       | Yes | No  | Don't know    |
| • Is your child water confident in a pool?                    | Yes | No  | Don't know    |
| • Is your child confident in deep water?                      | Yes | No  | Don't know    |
| • Is your child able to tread water?                          | Yes | No  | Don't know    |
| • Is your child able to survival float?                       | Yes | No  | Don't know    |
| • Is your child confident in the sea or in open inland water? | Yes | Yes | No Don't know |
| • Is your child safety conscious in and around water?         | Yes | No  | Don't know    |

Signed: .....

### Medical Consent

- In an emergency, the school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Aberdeen school as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.



- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed: .....

**Parental Consent**

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Aberdeen school's EOTC events and that these risks cannot be completely eliminated.
- I understand Aberdeen school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Aberdeen school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Aberdeen school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: ..... Date ...../...../.....

(Full name of parent/Caregiver) .....

