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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.

Student Details Male Female Place in Family _____ of _____

LEGAL NAMES as written on Birth Certificate or Passport

Surname: _____ First Name/s: _____

PREFERRED NAMES 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: _____

Ethnicities which ethnic group does your child identify with:

NZ Maori Please specify Iwi: _____

NZ European

NZ Pasifika – Please write which island ethnicity:

Other (please write) Nationality: _____

1st Language spoken at home: _____ 2nd: _____

If first language is not English, Parents Country of Birth (Copy of passport required)

NZ Residency Status - Students not born in New Zealand

Indicate the category which applies to this application.

Students **not born** 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) _____

Passport – (Copy) New Zealand / Australian Birth Certificate

Student Visa (Copy) Parent Work Visa – (Copy)

Refugee – (Copy)

OFFICE USE ONLY **Checklist**

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

1st 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: _____

2nd 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?	
<input type="radio"/> Yes <input type="radio"/> No	
Agencies Involved: _____	
Health Information:	
Does your child have any health issues?	Will medication need to be kept at school?
<input type="radio"/> Yes (Complete separate form)	<input type="radio"/> Yes – Separate form.
<input type="radio"/> No	<input type="radio"/> No
Name of Doctor:	Immunisation/Inoculation (Photocopy required)
Medical Centre:	<input type="radio"/> Yes <input type="radio"/> No
	Verified by: _____

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	<u>Internet Use</u> 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	<u>Web/Facebook Page Images</u> 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	<u>Web/Facebook Page Names</u> 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	<u>Performance Permission</u> 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	<u>Public Health Nurse Access</u> 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/Caregiver 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.