



Welcome~ Haere mai~Afio mai~ Welkom~Namaste~Bienvenue~Willkommen~Maeva~Yōkoso ~Fùnyìhng ~Aloha~Fáilte

SILVERSTREAM SCHOOL – ENROLMENT FORM 2019

New Entrants - Please supply a copy of your child's birth certificate or if your child was born overseas we require documentation showing their visa status. – **All Enrolments** will require proof of address showing within school zone.

Legal Surname:	Legal First Names:	Preferred Name	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity (if applicable up to 3) _____ _____		Iwi 1: _____ Iwi 2: _____	
New Zealand Residency: Yes No (circle one) If NO - a document of residency/visa must be provided - <i>Student Visa required.</i>			
Residency/Citizenship		Date of NZ Entry: / / Visa/Passport Verified – Document Reference #:	
Language/s spoken at home:		Date of Birth:	
Phonetic Pronunciation of Name:		Is your address within school zone? YES NO (please circle)	
Name of sibling/s currently attending this school:		Name of sibling/s who have attended in the past:	
Students Address: _____ _____		Child lives with : (please circle) Mother Father Both Shared Or Caregiver: (relationship) _____ Place in Family # _____ out of # _____	
Mother (Guardian) Information		Father (Guardian) Information	
Name: Miss / Mrs / Ms _____		Name: Mr _____	
Address: _____ (if different from Child's)		Address: _____ (if different from Child's)	
Home Ph: _____ Work Ph: _____		Home Ph: _____ Work Ph: _____	
Cell Phone: _____		Cell Phone: _____	
Email Address: _____		Email Address: _____	
Occupation: _____		Occupation: _____	
Employer: _____		Employer: _____	
Other Important Information - eg: Custody Arrangements/Issues/Orders <i>(If any custody order please attach a copy to enrolment)</i> _____ _____			
Name(s) of any person forbidden by law to have access to your child. (A copy of the legal document pertaining to this must be provided)			
Alternative Emergency Contact Details: <i>(In the event of my child being ill or in a serious emergency and I am not available I authorise the following people to take responsibility for my child).</i>			
1. Name: _____ Ph: _____ Relationship to child: _____			
2. Name: _____ Ph: _____ Relationship to child: _____			
Civil Defence Emergency Contacts: <i>(In the event of a CIVIL Emergency whereby I will need to pick up my child from school but are unable to, I give permission for the following people to collect my child from school).</i>			
1. Name: _____ Ph: _____ 3. Name: _____ Ph: _____			
2. Name: _____ Ph: _____ 4. Name: _____ Ph: _____			

Health Information: Specific Learning Needs & Abilities eg. Reading Recovery/RTLB YES NO

If YES please specify: _____

Does your child have any allergies, medication requirements? Asthma Inhaler required Diabetes Bee /Wasp Sting Allergy Other (please specify) _____

Is your child on any regular medication? YES NO If yes please list below, and give other relevant information that will help the school to provide appropriate care:

Doctor/Medical Centre: _____ Dentist/Medical Centre: _____

New Entrants : Please attach your child's Immunisation Certificate (This information is now a legal requirement)

Other Important Information:

Does/did your child regularly attend a Preschool/Childcare Centre: YES NO

Name of Pre-School/Child Care Centre: _____

If transferring from another school:

Previous School Attended: _____ Year/Class: _____

Address: _____

Please answer the following:

1. Are you happy for your child to see the Hearing & Vision Tester? Yes No
2. I accept full responsibility for any medication administered at my request by any staff member. Yes No
3. Are you happy for your child to take part in activities within the immediate Silverstream area?
(specific permission will be sought for trips involving greater distances) Yes No
4. Are you happy for your child's name, photo and/or work to be published on the school
Website and school publications? (If a photo is used it **will not** have your child's name with it) Yes No
5. Are you happy for your child's photo to appear on our Facebook page (**without naming your child**) Yes No
6. Are you happy to have the school administer sunscreen and basic first aid for your child? Yes No
7. My child will be seeing the **school dental therapist / private dentist** (please cross out one)

Enrolment Questionnaire/Declaration:

The Education Act gives a guarantee to students who live in the home zone specified in our Enrolment Scheme. The Board needs to be sure that an in zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students. The address given at the time of application for enrolment **must be the student's usual place of residence when the child starts at Silverstream School**. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance, your child will not be entitled to enrol at the school.

What will be the address of the student's permanent place of residence _____

Have you lived at this address for more than 12 months? Yes No If 'No' do you own the property? Yes No - If 'No' are you the holder of the rental agreement for this property? Yes No If 'No' please explain further _____

Do you intend to live permanently at this address for the next 12 months? Yes No

Declaration: I/We confirm that the information contained in this enrolment application is true and correct in every respect. The address which I/we have provided will be the usual place of residence when my/our child starts at Silverstream School, and I/we intend to live at this address permanently. I/We confirm that I/we will advise the school if for any reason there is a subsequent change of address, either prior to enrolment, or during my child's attendance at the School.

Consent under the Privacy Act 1993 and Declaration by Parent[s]/Guardian[s]:

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.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

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 further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I will undertake to advise the school of any changes in my child's personal details, including address, during his/her time at Silverstream School.

Signature: _____ Date: _____

Early Childhood Education

We have been directed by the Ministry of Education to collect the following information for all children beginning school from the beginning of 2011.

Prior-participation in Early Childhood Education.

1. If your child was attending more than one service at the same time, please enter hours per week for up to three services.
2. If your 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 your 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 three services	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
1. Kohanga Reo			
2. Playcentre			
3. Kindergarten or Education and Care Centre			
4. Home based service			
5. Playgroup			
6. The Correspondence School – Te Aho o Te Kura Pounamu			

or

Please tick appropriate box	
7. Attended, but only outside New Zealand	
8. Attended, but don't know what type of service	
9. Did not attend	
10. Unable to establish if attended or not	

“Regularly attend” means your 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 Early Childhood Education.

Office use only: Date Enrolment Received: _____ Date of Pre-enrolment letter sent out _____ Pre- Enrol

Entered into Transition Google Document Initial Enrolment showing living within School zone

Supporting Documents Birth Cert Immunisation Cert Transfer Files

Visa/Residency Status (if applicable) _____ Expiry _____

Proof of Address - First day attending school (not older than 1 month)

Own Home: Contents Insurance / Sale and Purchase / Rates **and** one other form of address – Electricity/Utility _____

Living in rented home: Signed copy Tenancy Agreement/ Contents Insurance **and** one other form of address - Electricity/Utility _____

Admission number _____ Unique ID E-tap _____ NSN Number _____

- House:**
 Letter
 Google Doc

Syndicate: Junior/Middle/Senior Year Level ____ Room ____ Teacher _____

Enrol Welcome Card Signmee Database Signmee Welcome Vistab No Photo Doc

Diary Event Created Civil Emergency Activity/Donation

- Gard
 Whitemans
 Gloucester
 Chatsworth

Leavers: Signmee/Vistab/Enrol/House/Library/Fees/No Photo

Appointment Booked/Principal _____ First Day at School _____