



TAUPŌ PRIMARY SCHOOL
STUDENT ENROLMENT FORM
 99 Tamamutu Street, Taupō 3330
 Ph: 64 7 378 4389 E: office@taupoprimary.school.nz

OFFICE USE ONLY

START DATE	dd/mm/yy	STUDENT ENROLMENT #		NATIONAL STUDENT NUMBER	
BIRTH CERTIFICATE #		PASSPORT # & EXPIRY		PROOF OF ADDRESS	<input type="checkbox"/>
YEAR LEVEL		ROOM #		TEACHER	
IMMUNISATION CERTIFICATE	<input type="checkbox"/>	ENROL	<input type="checkbox"/>	VISTAB	<input type="checkbox"/>
MEDICATION FORM SIGNED	<input type="checkbox"/>	PHOTO FOR NEWSLETTER	<input type="checkbox"/>	NO PAPER NEWSLETTER	<input type="checkbox"/>

1 STUDENT DETAILS

LEGAL SURNAME		PREFERRED SURNAME	
FIRST NAMES		PREFERRED FIRST NAME (Known By)	
DATE OF BIRTH	dd/mm/yy	GENDER (please circle)	MALE / FEMALE
COUNTRY OF BIRTH		RESIDENCY/CITIZENSHIP?	YES / NO
DATE OF NZ ENTRY (If Applicable)	dd/mm/yy	(if no, enter details)	
LANGUAGE SPOKEN AT HOME		As we are an enviro school we endeavour to reduce our paper use. We wish to encourage you to view the newsletter on App or Website, or receive via email:	VIEW BY APP / WEBSITE <input type="checkbox"/> Or Email to: _____

2 PARENT / CAREGIVER DETAILS

MOTHER/CAREGIVER	<input type="checkbox"/> LIVES WITH ?		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO PUPIL
RESIDENTIAL ADDRESS			
POSTAL ADDRESS (if different from above)			
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION
EMAIL ADDRESS:			

FATHER/CAREGIVER	<input type="checkbox"/> LIVES WITH ?		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO PUPIL
RESIDENTIAL ADDRESS			
POSTAL ADDRESS (if different from above)			
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION
EMAIL ADDRESS:			

EMERGENCY CONTACT		Other than parents	
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO PUPIL
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION

EMERGENCY CONTACT		Other than parents	
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO PUPIL
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION

CUSTODY ACCESS			
COURT ORDER ISSUED?	<input type="checkbox"/> YES N/A	<input type="checkbox"/> NO	<input type="checkbox"/> DOCUMENTS ATTACHED
EXTRA COPY OF SCHOOL REPORT	To:	Address:	

PREVIOUS SCHOOLING (including early childhood education)			
STUDENT IS TRANSFERRING FROM:		YEAR LEVEL	
WAS ECE REGULARLY ATTENDED?	<input type="checkbox"/> Yes, for the last _____ years	<input type="checkbox"/> Not regularly, only occasionally	
APPROXIMATE NUMBER OF HOURS PER WEEK			
PLEASE INDICATE WHAT EARLY CHILDHOOD CENTRE THIS STUDENT ATTENDED	<input type="checkbox"/> Kohanga Reo Service	<input type="checkbox"/> Home Based	
<input type="checkbox"/> Did not attend any service	<input type="checkbox"/> Playcentre ECE	<input type="checkbox"/> Kindy or	
	<input type="checkbox"/> Attended, but outside New Zealand		

ETHNIC GROUPS			
Please choose up to 3 Ethnic Groups	<input type="checkbox"/> NZ European / Pakeha	If NZ Maori, please include Iwi If your Iwi is Tuwharetoa we need to know your Hapu and Marae	1. _____
	<input type="checkbox"/> NZ Maori		2. _____
	<input type="checkbox"/> _____		3. _____
	<input type="checkbox"/> _____		Hapu: _____
			Marae: _____

DETAILS OF PRE SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE			
NAME:		BIRTH DATE:	
NAME:		BIRTH DATE:	
NAME:		BIRTH DATE:	
Please note: a separate enrolment form will need to be completed for ALL children. This is an indicator only.			

HEALTH RECORD (Please outline ANY health problems or medication)			
NAME OF FAMILY DOCTOR		PHONE #	
ALLERGIES		MEDICATION	
SIGHT/VISION/HEARING			
ANY HEALTH PROBLEMS			

IMMUNISATION

The immunisation certificate has been brought to school on enrolment and viewed by Taupō Primary School

YES

NO

MY CHILD HAS BEEN FULLY IMMUNISED

YES

NO

LEARNING AND BEHAVIOUR

LEARNING / BEHAVIOUR NEEDS

SPECIALIST NEEDS / RESOURCING / AGENCIES

Has your child been stood down suspended or excluded from another school? (Please tick)

If yes, for what reason?
Please include date of
stand down, suspension
or exclusion

SCHOOL DONATION, SCHOOL ACTIVITIES, CAMPS AND TRIPS

Taupō Primary School is part of the Ministry of Education 'donation scheme' and therefore families/whanau are not required to pay a school donation. If you choose to have your child participate in optional activities such as weekend sports teams or after-hours cultural activities (extra-curricular) or overnight camp, you may be asked to cover the costs of these activities.

PARENT TEACHER ASSOCIATION (PTA)

Do you wish to join the PTA?

YES

NO

PARENT/CAREGIVER DECLARATIONS AND AGREEMENTS

Declaration and Agreement One - Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

I / We understand that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. That the school may forward my child's name and address to a potential intermediate school or high school.

I / We also agree to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

I / We understand and give permission for the medication details in the Health Record list to be administered if and when necessary by the staff of Taupō Primary School. Please ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. store in the fridge). In the event of an accident or sudden illness. I / We authorise the staff of Taupō Primary School to obtain such medical assistance as may be necessary.

I / We acknowledge that the information is true and correct and will be relied upon by the school. If found to be false by the school, then the school reserves the right to remove your child.

Declaration and Agreement Two - Usual Place of Residence

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. The address must be a Council approved rateable dwelling whether owner occupied or rented and your family are the sole occupants. The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in zone living arrangement which they intend to be only temporary, for example:

- Residing in zone on a short term basis (must reside in zone for a minimum of 3 months from the first day the student commences school at Taupō Primary School)
- Arranging temporary board in zone with a relative or family friend.
- Using the in zone address of a relative or friend as an "address of convenience" with no intention to live there on an ongoing basis.

If the Taupō Primary School Board of Trustees learn that a student is no longer living at the in zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board will review the enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board will annul the enrolment. This course of action is provided under Section 110 (A) of the Education Act 1989. Taupō Primary School may actively collect information to ensure that the enrolment data provided is accurate.

I confirm that the address which I have provided to Taupō Primary School will be the usual place of residence of _____ (student's name) when the school is open for instruction. I will advise the school of any subsequent change of address. In the event of that change of address from in zone to out of zone may result in the student ceasing to be eligible to remain enrolled as a student of Taupō Primary School.

Declaration and Agreement Three - Residing Permanently with Natural Parent or Legal Guardian or Authorised Primary Duty of Care

I confirm that my son / daughter will reside permanently with their parent/s or Legal Guardian or Authorised Primary Duty of Care for the duration of their attendance at Taupō Primary School.

Declaration and Agreement Four - Policies and Procedures of the School

I have read the Taupō Primary School Information Pack and agree to abide by and uphold the guiding principles, rules, values, policies and directives and general terms and conditions including behaviour expectations and school uniform policy. These can be viewed via the school website.

Students will not visit sites with an age rating or with material and/or content deemed inappropriate by the school. Students will only visit sites they have been directed to by their teacher, or which the teacher has approved.

Responsible Use Policy and use of personal IT devices BYOD information for parents and students - www.taupopprimary.school.nz / BYOD. Comprehensive information about the BYOD programme, the Responsible Use Policy and recommended devices are provided

Declaration and Agreement Five - Information provided in this Enrolment Application

I declare that the information contained in this application is true and correct in every respect and acknowledge that I have accepted and agree to abide by the Declarations and Agreements contained and noted within this document.

Declared on:

**Signature of Parent or
Legal Guardian or
Authorised Primary Duty
of Care**