



STANLEY BAY SCHOOL

15 Russell Street, Devonport  
Phone: 09 445 2510  
Email: office@stanleybay.school.nz

## PUPIL ENROLMENT FORM

### STUDENT DETAILS

First Names:

Surname:

Preferred name (for use in class):

Male  Female

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Verification attached:  Birth certificate  Passport

Country of birth:

Date of arrival in New Zealand: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (if within 3 years)

Student visa attached **OR**  Residency/work permit/citizenship attached

Ethnicity: (i.e. NZ European, Maori, British/Irish, Australian)

1.

2.

If Maori please state Iwi:

1.

2.

First Language:

Other Languages:

Child living with:  Mother and father  Mother  Father  Other \_\_\_\_\_

#### If applicable:

Date first started any school: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Country: \_\_\_\_\_

Current School:

Current Year level:

We currently reside in the Stanley Bay School zone.

This is an out-of-zone application as we currently reside out of the Stanley Bay School zone.

#### CUSTODY ACCESS (if applicable)

Court order issued.

Copy attached or details listed below

\_\_\_\_\_

MOTHER / LEGAL GUARDIAN / CAREGIVER 1:	FATHER / LEGAL GUARDIAN / CAREGIVER 2:
First name: _____ Mrs / Ms / Miss	First name: _____
Surname: _____	Surname: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Mobile phone: _____	Mobile phone: _____
Work phone: _____	Work phone: _____
Work place hours: _____	Work place hours: _____
Email address: _____	Email address: _____

EMERGENCY CONTACT 1:	EMERGENCY CONTACT 2:
(must live within Auckland region and be able to pick up your child in an emergency should mother or father not be able to be contacted)	(must live within Auckland region and be able to pick up your child in an emergency should mother or father not be able to be contacted)
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home phone: _____	Home phone: _____
Mobile phone: _____	Mobile phone: _____
Work phone: _____	Work phone: _____

**PARTICIPATION IN EARLY CHILDHOOD EDUCATION:**

Did your child regularly attend Early Childhood Education in the six months prior to starting school?  
*"Regularly attend" means the child was booked in to a service and generally went to those sessions unless they were sick, on holiday or had a family occasion, etc.*

- No, did not attend Early Childhood Education. **(Please continue on to the next page)**
- Not regularly, only occasionally with no on-going schedule. **(Please continue on to the next page)**
- Yes, regularly for the last \_\_\_\_\_ years. (Please complete below.)
- Attended but only outside of New Zealand. Country: \_\_\_\_\_

**Note: The Ministry of Education requires that you provide this information.**

Please enter the number of hours per week for up to three simultaneous services.	Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
<input type="checkbox"/> Kohanga Reo			
<input type="checkbox"/> Playcentre (name)			
<input type="checkbox"/> Kindergarten or Care Centre (name)			
<input type="checkbox"/> Home based service			
<input type="checkbox"/> Playgroup			
<input type="checkbox"/> The Correspondence School (Te Aho O Te Kura Pounamu)			

Name of latest childcare centre: \_\_\_\_\_

**MEDICAL**

Doctor's name:

Telephone:

Please specify any known medical conditions (e.g allergy, medical condition, speech, eyesight):

- HIV Blood-borne virus    Asthma    Bee sting allergy    Diabetes    Food  
 Inhaler    Special learning needs    Other \_\_\_\_\_

Details

**Note: If it is necessary for staff to administer any medication to your child the appropriate forms will need to be completed at the school office.**

**LEARNING / BEHAVIOURAL NEEDS:**

Learning/Behavioural Needs:

Specialist Needs/Resourcing/Agencies involved:

Other information/requests:

**BEFORE SCHOOL CHECK (for new entrants only):**

- My child has completed a before school check.

Please specify any concerns:

Health

Developmental

Behavioural

**SIBLINGS:****Older:**

(name and current school)

**Yet to start school:**

(name and date of birth)

**SCHOOL TRIPS AND ACTIVITIES:**

During the school year teachers may take students out of the out of the school grounds for a variety of educational reasons. This could include cross country training or a visit to Stanley Bay beach. We request a generic permission to cover locally based activities in the Devonport area.

- I/we give permission for my child to be taken out of the school grounds for local school trips and activities as outlined above.**  
 **If there is a cost involved with trips or visits I understand that I will be notified of this cost and agree to pay.**

## **PUBLISHING STUDENT INFORMATION**

We publish student material to celebrate students' work and achievement, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate student's achievements, but are aware of the potential risks when such personal information or material is published online.

With consent, we share no more than a student's first name, image, or work in the school news bulletin, on the school website, or the wider online community.

- I/we give permission for my child's first name, image, or work to be published in the school news bulletin, on the school website, Facebook or the wider online community (as indicated above)**
- I/we DO NOT give permission for my child's name, image, or work to be published in the school news bulletin, on the school website, Facebook or the wider online community (as indicated above).**

## **PRIVACY STATEMENT / DECLARATION**

- I/we understand that the information collected will be used by the school for enrolment and forms and 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 authorized or required by law
- I/we agree to relevant data regarding my child to be passed on to the next school they attend
- I/we understand that a 21 day absence, unless previously notified in writing to the school, requires re-enrolment and that I/we must be living within the Stanley Bay School zone for automatic re-entry
- I/we agree that the school will take action on my behalf in case of sudden illness or injury

Stanley Bay School has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review. You can view our policies and procedures by clicking on this link [Stanley Bay school docs](#). Username is *stanleybay* and password *SBS*.

### **Verification documents to be provided with this enrolment:**

- Passport or birth certificate
- Proof of address e.g. phone account, power account
- Immunisation certificate
- Signed Student Cyber Treaty

**Signature:**

**Date:**

**Relationship to child:**