



OHOPe BEACH SCHOOL ENROLMENT FORM

The following information is required for the purpose of assisting the staff in the case of an emergency or to meet the special needs the student may have. Ethnic information is required by the Ministry of Education for statistical analysis.

S T U D E N T	First Name(s)	Surname
	Preferred name	Gender
	Date of birth	Nationality
	Ethnic group	Iwi (1)
	Previous school	Iwi (2)
	Sibling(s) @ OBS/names:	
	Names and DOB of any preschool children:	
Please supply a copy of NZ Birth Cert. or Passport <input type="checkbox"/> (we can copy at school) Student Visa <input type="checkbox"/> (Compulsory requirement for Ministry of Education - <u>for new entrants or students from overseas only</u>)		

F A M I L Y	Primary Caregivers	
	Mother/Caregiver	Father/Caregiver
	Title	Title
	Surname	Surname
	First name (s)	First name (s)
	Home address	Home address
	Primary phone	Primary phone
	Work Place Name/ ph	Work Place Name/ ph
	Email	Email
	ADDITIONAL CAREGIVER - Additional caregiver who is a legal guardian of the student	
	Relationship to student	Title
	First name (s)	Surname
	Home address	Phone
	Email	
	EMERGENCY CONTACT - someone who is available to collect the student at short notice if primary caregivers are not available	
Relationship to student	Title	
First name(s)	Surname	
Phone		
DIRECTIONS FOR CORRESPONDENCE		
Emails, newsletters, invoices etc. <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other:		

Bus	Harbour Rd <input type="checkbox"/>	Wainui <input type="checkbox"/>	Town Bus <input type="checkbox"/>
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A C A D E M I C	Areas where assistance may be required:
	Areas of special ability:
	What is your child's first home language:
	EARLY CHILDHOOD EDUCATION
	Centre attended: _____ Hours attended per week: _____
	Was early childhood education regularly attended? Yes/No If yes, for the last _____ year/s

M E D I C A L	MEDICAL HISTORY - Include all relevant details regarding allergies, disabilities, medication and significant illness, e.g. asthma, diabetes etc.
	Immunisations - Is the student up to date, from birth, with recommended immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	PARENTAL PERMISSION REQUIRED - we require your permission to administer medication for HEADACHE/PAIN relief (paracetamol only)
	I give permission for _____ (student name) to receive paracetamol for pain relief
	Doctor name _____ Doctor phone _____

P E R M I S S I O N S	EDUCATION OUTSIDE THE CLASSROOM (EOTC)
	I/we give permission for this student to participate in all low risk activities run by Ohope Beach School. For medium or high-risk activities, further detailed information will be sent home. <input type="checkbox"/>
	I/we agree to update any changes in our child's medical/health status that occur during the year by contacting the school and informing of the change. <input type="checkbox"/>
	COMPUTER USE
	All use of devices is for learning and under the guidance of a staff member. The computer use and cybersafety agreement has been signed and understood <input type="checkbox"/>
	PRIVACY ACT
	I/we agree to the school collecting information on this student for educational use. <input type="checkbox"/>
I/we agree that the school may only pass on this information to other professionals if it is for educational and/or health and wellbeing purposes <input type="checkbox"/>	
I/we give permission for the name, photos and/or video of my child taken at school (sports, education settings etc) to be used for promotion of the school (newsletter, webpage etc). <input type="checkbox"/>	

DECLARATION	
I/we declare that I/we understand the information provided in the enrolment form, and that it is true and correct.	
Mother/Father/Caregiver _____	Date _____

OFFICE USE ONLY Starting date: _____	Room: _____	Year: _____
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