

Office Use	
Commencement Date	
Enrolment Number	
School Level	
Room Number	
School House	
Enrolment Meeting Date	
New Entrant - Visit 1	
New Entrant - Visit 2	
Mathletics licence	
MOE Enrol	
Newsletter database	
Date File Raised	

Enrolment Application
Ponsonby Primary School
44 Curran Street,
Herne Bay
Auckland
Tel: +64 93763568



STUDENT DETAILS

NSN Number:		Home address where child lives 50% of time or more.	
Pupil Surname			(Street)
First names			(Suburb)
Name pupil likes to be called			(City)
Date of Birth	Male / Female (please circle)		(Postcode)
	Year Level:	Place in family	out of Child/ren
Previous School	Previous class	Year	
Any Identified learning difficulties, or anything else we should be aware of - e.g. dyslexia, ADHD etc Please state.		Name/s of siblings currently at Ponsonby Primary	

Ethnic Information

Ethnicity (up to three): NZ / European Australian Other _____ | Ethnicity 2 _____ | Ethnicity 3 _____
 NZ /Maori | IWI (up to 3): _____

Language Spoken at home: English Other _____

Is your child : New Zealand Citizen New Zealand Resident Australian Citizen Other _____

If New Zealand Citizen/Resident or Australian please provide copy of: Birth Certificate or Passport

If Other: Date of entry into NZ _____ please attach copy of: relevant Student Visa details copy of passport

PARENT/CAREGIVER DETAILS

FIRST PREFERRED CONTACT

SECOND PREFERRED CONTACT

Please identify relationship	Parent/ Guardian/ Step Parent / Other _____	Parent/ Guardian/ Step Parent / Other _____
Title (Mr, Ms, Mrs,Mr, DR)		
Parent/ Guardian Fullname		
Home Address		
Street & Number		
Suburb		
Post code		
Home Phone		
Cell phone		
Email		
Place of Work		
Occupation		
Work phone		
Name and address, of any parent not living with pupil		Areas where you think you could support the school
Home phone		
Cell phone		

Emergency Contacts (when caregivers unable to be contacted)

	1st Contact	2nd Contact
Full Name:		
Home Phone:		
Work Phone:		
Mobile Phone:		
Relationship to Child:		

EARLY CHILDHOOD EDUCATION - Ministry of Education questions to be answered

Did your child attend one or more Early Childhood Education services(s) in the six months prior to starting school? Yes No

How many hours per week did the child attend this service? eg; 20 hours per week **Hours attended:.....**

If yes - tick one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Kohanga Reo | <input type="checkbox"/> Kindergarten or Education and Care Centre | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Playcentre | <input type="checkbox"/> Home Based Service | <input type="checkbox"/> The Correspondance School - Te Aho o Te Kuru Pounamu |
| <input type="checkbox"/> Did not attend | <input type="checkbox"/> Attended - outside NZ | <input type="checkbox"/> Attended - but do not know what type of service |

How long did you attend these services

- | | | |
|--|---|---|
| <input type="checkbox"/> For the last 6 months | <input type="checkbox"/> For the last year | <input type="checkbox"/> For the last 2 years |
| <input type="checkbox"/> For the last 4 years | <input type="checkbox"/> For the last 5 or more years | <input type="checkbox"/> Not regularly |
| <input type="checkbox"/> Only occasionally with no on-going schedule | | |

Health Information

Please tick appropriate boxes

Asthma		Hearing loss		Epilepsy		Sight issue		Speech issue		Diabetes	
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Bee sting allergy		Nut allergy		Plaster allergy			
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Medication

Other medical problems

Immunisation

	Yes	No
DTPH (4 injections)		
Hep B (3 injections)		
MMR (1 injection)		
HIB		
Polio (3 oral doses)		
Certificate shown		
Not Immunised		

Dental Service enrolled with:

Family Doctor:

Doctor Phone:

Please state any illness that could be transferred including blood borne viruses

Declarations/ Information Privacy/ Email listed on school website database.

- I/We undertake to ensure the policies set out by the Government and Board of Trustees are observed
- I /We accept that the school will use our email and cell phone numbers as supplied to contact us via the school web site
- The school collects the information on this form to: enrol your child at school, assess the educational needs of your child and ensure the school gets the correct resources from the Ministry of Education for your child.
The school collects and uses your child's information in accordance with the Privacy Act.
The school sends some of your child's information to the Ministry of Education and other education and health agencies.
The school will not provide your child's information to any other people or organisations without your authorisation, except in accordance with the Privacy Act.
- The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.
- Before School Health Checks: The Ministry of Education shares information about five year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check (B4SC) Ministry of Health initiative.
- The information is kept on the school computer data base and student individual file.
- Student files also keep copies of progress records, letters about success or concerns.
- Staff of the school have access to the information.
- In an emergency or by permission of the principal information can be supplied to Police, Doctors, Intermediate Schools or a parent contacting another school parent.The Principal has my/our authority to take our child to a Doctor in an emergency.
- I/We give permission for our child to access the internet and the school may use images of my/our child with their work on the school site.
- Please contact the school if you want to view or change your child's information.

Signed Parent(s)/ Guardian(s)

Name	Name
Relationship to child	Relationship to child
Mother/Father/Guardian	Mother/Father/Guardian

Office use: Date of Birth checked & Document attached
Confirmation of in zone status attached Y/N

Immunisation checked and copy attached.
Induction attended Y/N

Date Suspension File given to Teacher: _____