



## BLEDISLOE SCHOOL STUDENT ENROLMENT FORM



**BOTH SIDES TO BE COMPLETED PLEASE**

|   |                      |  |  |                              |
|---|----------------------|--|--|------------------------------|
| <b>Zone:</b> In / Out / NA  | <b>NSN</b>           |  | <b>Start Date:</b>   | <b>Enrolment No:</b>         |
| <b>Legal Surname:</b>   |                      |  | <b>Legal First Names :</b>   |                              |
| Preferred Surname:  |                      |  | Preferred First Name:  |                              |
| <b>Address:</b>   |                      |  | <b>Date of Birth:</b>  | <b>Gender:</b> Male / Female |
|   |                      |  | <b>Previous School:</b>  |                              |
| <b>Home Phone:</b>  |                      |  | <b>It is a legal requirement to provide a<br/>Birth Certificate or Passport Number</b> |                              |
| <b>Email:</b>   |                      |  |  |                              |
| <b>Ethnicity:</b>   | <b>Iwi / Hapu</b>    |  | <b>COUNTRY</b>   | <b>CERTIFICATE NUMBER</b>    |
| 1   | 1                    |  |  |                              |
| 2   | 2                    |  |  |                              |
| 3   | 3                    |  |  |                              |
| Language spoken at home:  |                      |  |  |                              |
|   |                      |  |  |                              |
| <b>Parent Surname:</b>  |                      |  | <b>Parent First Name:</b>  |                              |
| <b>Address:</b> (if different from above)   |                      |  | <b>Relationship:</b>   | <b>Work Place:</b>           |
|   |                      |  | <b>Mobile:</b>   | <b>Work Phone:</b>           |
| <b>Parent Surname:</b>  |                      |  | <b>Parent First Name:</b>  |                              |
| <b>Address:</b> (if different from above)   |                      |  | <b>Relationship:</b>   | <b>Work Place:</b>           |
|   |                      |  | <b>Mobile:</b>   | <b>Work Phone:</b>           |
| <b>Emergency 1:</b>   | <b>Relationship:</b> | <b>Emergency 2:</b>  | <b>Relationship:</b>   |                              |
| <b>Phone:</b>   | <b>Mobile:</b>       | <b>Phone:</b>  | <b>Mobile:</b>   |                              |
| <b>Significant Health Condition:</b>  |                      |  | <b>Doctor:</b>   | <b>Dr Phone:</b>             |
|   |                      |  | <b>Custody:</b> Court Order in Place Yes / No / NA                                     |                              |
| <b>Action Required:</b>   |                      |  | <b>Members of your family who may be attending this school in the future.</b>          |                              |
| Vaccinations Completed YES / NO      Medication Stored at School YES / NO   |                      |  | 1. _____ Birth Date: ___/___/___   |                              |
|   |                      |  | 2. _____ Birth Date: ___/___/___   |                              |
| <b>A copy of your child's vaccination certificate is required.</b>  |                      |  |  |                              |
| <b>EARLY CHILDHOOD EDUCATION</b>  |                      |  |  |                              |
| Was an ECE regularly attended?  |                      | <input type="checkbox"/> Yes, for the last ____ years<br><input type="checkbox"/> Not regularly<br><input type="checkbox"/> No, did not attend ECE | Attended but only outside New Zealand  |                              |
| Before School Check completed   |                      | <input type="checkbox"/>   | Attended, but don't know what type of service  |                              |
| Issues Identified: _____  |                      |  | Did not attend   |                              |
|   |                      |  | Unable to establish if attended or not   |                              |
| Please enter the number of <b>hours per week</b> if attended one or more services within 6 months prior to starting school. |                      |  | <b>Service 1</b>   | <b>Service 2</b>             |
| a Kohanga Reo   |                      |  |  |                              |
| b Playcentre  |                      |  |  |                              |
| c Kindergarten or Education and Care Centre   |                      |  |  |                              |
| d Home based service  |                      |  |  |                              |
| e Playgroup   |                      |  |  |                              |
| f The Correspondence School—Te Aho o Te Kura Pounamu  |                      |  |  |                              |

**PLEASE COMPLETE THE REVERSE OF THIS FORM**



**BLEDISLOE SCHOOL  
STUDENT ENROLMENT FORM**



**SCHOOL UNIFORM**

**I understand that a school uniform is compulsory at Bledisloe School and my child will wear the correct uniform at all times.**

**PRIVACY STATEMENT**

I agree to Bledisloe School requesting personal information and obtaining records (including dental records) from the previous school.

Any information collected by Bledisloe School will be used by the school for enrolment and forms an essential part of the information held by the school on my child. The records made from this information may be viewed on request at the school. I understand that this information will be used to assist with the education of my son/daughter.

The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering by the 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 give permission for vision/hearing testing and general health checks by the Public Health Nurse.

This information may be transferred to another school if my son/daughter moves.

**SIGNED:** \_\_\_\_\_  
**(Individual/Parent/Legal Guardian/Agent)**

**PARENT APPROVALS**

I / We agree that the school will take action on my behalf in case of sudden illness or injury.

I / We agree that my child's work and image may be used in school publications and or on the school website.

An internet licence and agreement will be distributed, after instruction at school on using the internet for Year 3 to Year 6 students.

I / We agree and undertake to abide by the Policies and Rules of the school and accept the conditions as described in the School Mission Framework, as a prerequisite of our child's enrolment.

Parent Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**ENROLMENT SCHEME VERIFICATION**

I confirm that the address which I have provided to the 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.

I verify that I have provided evidence to support mine and my child's residential address.

- Tenancy Agreement
- Power Bill
- Rates Demand
- Bank Statement

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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