



BAIRDS MAINFREIGHT PRIMARY SCHOOL ENROLMENT FORM

SCHOOL STARTS AT 8.55AM
SCHOOL FINISHES AT 2.45PM

SURNAME: _____
(legal as on birth certificate)

NAMES: _____
(legal as on birth certificate)

Date of Birth: _____

YEAR LEVEL: _____

ROOM NO: _____

LAST SCHOOL ATTENDED _____

ENROLMENT DATE: _____

ENROLMENT NUMBER: _____

CHILD DETAILS

Surname: _____ First Names: _____
(legal as on birth certificate) (legal as on birth certificate)

Preferred Name: _____ Male / Female Date of Birth ____/____/____

Birth Certificate Verified: Yes / No Passport Number: Verified: Yes / No

Birth Certificate after 2006 NZ Citizenship: Yes / No (A copy of NZ Birth Certificate OR passport to be attached)

Home Address: _____ Postcode: _____

Home Phone: _____ Ethnicity: _____

If Maori please state your Iwi: _____

Main language spoken at home: _____

Country of Birth: _____ Date of Arrival in NZ: _____

Permanent Resident: Yes / No Passport Eligible to Study: Yes / No

(Students NOT NZ born must also attach their birth certificate along with the passport)

Names of preschool children living with you:

Name: _____ D.O.B _____ Name: _____ D.O.B _____

Name: _____ D.O.B _____ Name: _____ D.O.B _____

Early Childhood Education: Attended Yrs _____ Mths _____ Average hours per week _____

Name: _____ Location: _____

- Licensed Kindergarten
- Licensed Kohanga Reo
- Playgroup/Unlicensed Playcentre / Pacific Island Group
- Did not attend Early Childhood Education

Early Intervention at ECE: Yes / No _____

Teacher Aide support required: Yes / No _____

HEALTH: Immunisation Certificate Sighted: Yes / No

Family Doctor: _____ Phone: _____

Allergies: _____ Medical Conditions: _____ Medication: _____

Sight: _____ Speech: _____ Hearing: _____

Permission:

Information Technology Use - The children in our school use computers, other Information Technology tools and the Internet. I give permission for my child to use Information Technology as part of the school programme: yes no (please tick one)

Media Approval - Photographs or school movies of your child may be used in the school newsletter, website, class blogs, newspapers or on television. I give permission for my child to be used for school media purposes: yes no (please tick one)

Signed: _____ Date: ____/____/____

CONTACT DETAILS

FATHER Living With Yes / No Legal Guardian Yes / No
Surname: _____ First Name: _____
Country of Birth: _____ Mobile: _____
Address: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____

MOTHER Living With Yes / No Legal Guardian Yes / No
Surname: _____ First Name: _____
Country of Birth: _____ Mobile: _____
Address: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____
Email address for family: _____

EMERGENCY CONTACT: (Grandparents / Aunt / Uncle / Niece / Nephew / Friend / Neighbour)

Surname: _____ First Name: _____
Address: _____ Mobile: _____
Home Ph: _____ Work Ph: _____

Custody Arrangements Yes No _____
Access Restrictions Yes No _____
Court Order Yes No _____
Other Agencies Yes No _____

CAREGIVER: (If not living with mother or father) Legal Guardian Yes / No
Relationship to Child: _____
Surname: _____ First Name: _____
Address: _____ Mobile: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____

In terms of the Privacy Act I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed, on request at, the school. I approve the forwarding of information when my child transfers to another school or to other agencies in response to a legitimate request. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies.

All details on this form are correct.
Signature of Parent / Caregiver _____ Date ____/____/____

BOARD OF TRUSTEES STAFF & PARENT CODE OF CONDUCT & PARTNERSHIP AGREEMENT

The Board of Trustees and School Staff

Will provide an interesting, academic, cultural, sporting and social skills programme in a safe happy environment, which will ensure the best quality education possible.

Pupils and Parents: Our child will

- * Attend school every day
- * Arrive ready to start school every day by 8.40am
- * Wear the correct, tidy school uniform
- * Have all stationery supplies
- * Complete any homework including reading

All people at Bairds Mainfreight Primary School have

- * The right to feel safe
- * The right to learn
- * The right to be treated with respect courtesy and consideration

This is based on the premise that no person will say or do anything that deliberately annoys or upsets others.

- * We agree that a family member will visit school if requested to support their child's learning and/or behaviour
- * We will pay \$10.00 per term, per child towards trips, visits and visitors which are heavily subsidised by the Board of Trustees

I / We accept the above (Code of Conduct / Partnership Agreement.)

Parent / Guardian/Caregiver

Child

Mr Alan Lyth
Principal

Board of Trustees

DATE: / /

Office use only

CHECKLIST

- | | | | |
|--|---|--|--------------------------------------|
| Birth Certificate <input type="checkbox"/> | Immunisation Certificate <input type="checkbox"/> | ESOL (Parents) <input type="checkbox"/> | |
| Passport <input type="checkbox"/> | Dental Form only for out of Auckland/Oversea <input type="checkbox"/> | | |
| Ethnicity (Circled if joint heritage) <input type="checkbox"/> | Eligible to Attend <input type="checkbox"/> | Parent Info Book <input type="checkbox"/> | |
| Media Consent <input type="checkbox"/> | Internet Permission <input type="checkbox"/> | Bible in School (Middle School) <input type="checkbox"/> | Sunhat (NE) <input type="checkbox"/> |
| Rain Jacket(NE) <input type="checkbox"/> | Blue Folder <input type="checkbox"/> | | |