

ASHLEY RAKAHURI SCHOOL ENROLMENT FORM FOR REGULAR STUDENTS

Students Last Name	First & Second Name(s)	Preferred Name	Gender
			M/F

Physical Address	Suburb	City

Postal Code	Child's Country of Origin	Home Phone Number	Private No.	In Zone
			Y/N	Y/N

Start Date	NSN No.	Year	Room	Internet Permission
/ /20			Manuka Harakeke Kowhai Ti Kouka Totara	Yes/No

NB Grey Areas will be filled out by office administration.

Preschool (New Entrants only)	Hours per week	Number of Years	Date of Birth

Days at Pre-school (please circle): M T W T F Times at pre-school: _____

Date First Started Primary School	Previous Primary School
/ /20	

Ethnicity and Language

Child's Ethnicity	First Language	Religion

Medical Details

Conditions	Allergies	Treatment

Medical Notes/Critical Information/Disability Information

Before School Health Check: Yes/No

Immunisation: Yes/ No If Yes Please circle one: Fully / Partially If partially please tick below

Hepatitis	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella

Accounts Sent To: (Please complete if different to Primary Caregiver details)

Name	Address	Suburb	City

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Primary Caregiver: Phoned first

Relationship To Student	Name(s)	Home Phone No.	Mobile No.

Address	Suburb	City	Business Phone No.

Email Address:

Secondary Caregiver: Phoned second

Relationship to Student	Name(s)	Home Phone No.	Mobile Number

Address	Suburb	City	Business Phone No.

Email Address:

Emergency Contacts: NB we will only use emergency contacts if we can't get a hold of Primary/Secondary Caregivers.

Name	Relationship to Child	Home Phone No.	Mobile No.

Name	Relationship to Child	Home Phone No.	Mobile No.

Future Family Members Likely to Attend Ashley School:

Name	Age	Gender	Date of Birth

Name	Age	Gender	Date of Birth

Name	Age	Gender	Date of Birth

Students Iwi Affiliations

Custody Arrangements/Access Restrictions:

I understand that the school will take action on behalf in case of sudden illness or injury if primary/secondary contacts can't be contacted and I agree to abide by school policies.

.....
Parent's Signature



Dear Parents / Caregivers

Special Notice for Class/Group Trips

Your child will be taking part in numerous trips associated with their class and school programme. These are always well planned and are beneficial for their education and social development. The learning for a child can be enhanced if they take part in these special excursions.

To help streamline the organisation for the teachers, we would like parents to support their children taking part in the class trips during their time at Ashley School by signing the slip at the bottom of this letter, which will permit your child to go on all trips.

Notices will still be sent out prior to the trip with any details, and also asking for parent supervision and/or transport.

TRANSPORT: Just a reminder. Any parent supplying transport for a trip needs to have a current driver's licence, a diagonal seat belt for each child, and the car must have current Registration and Warrant of Fitness.

By law, up to their 7th birthday, children are required to have a booster seat. Over 7, the recommendation is that a child shorter than 148cm should also have a booster seat.

If you have any further queries, please see your child's class teacher.

Yours sincerely

Linda Horne
Principal

I/We _____ parents of _____

in Room _____ give permission for him/her to go on any class outings for a half or full day.

It is a legal requirement for me to supply a booster seat if my child is under 7.
It is up to me, if I want, to provide a booster seat if my child is over 7, but under 148cm tall.

Signed _____



PERMISSION TO SHARE INFORMATION - PRIVACY ACT 1993

Child's Name

I agree to the Ashley School Board of Trustees, its Principal, Teachers, Administration Manager or its agents sharing information relating to my child, amongst themselves and the other recognised education agencies listed below for the benefit of the welfare, health and learning of my child.

This is on a 'need to know' basis and only those parts of information necessary for their particular work to be effective, will be made available.

- Ministry of Education
- Child's next School
- Emergency Contact
- Family Doctor
- Parents Association Office Holders
- School Health Nurse
- School Dental Nurse
- Special Education Service
- School Psychologist
- Student Teacher
- Teacher Aides/School Librarian
- Parent Helpers

Parent/Guardian Signature



INTERNET AND WEB AGREEMENT

PARENTS/CAREGIVERS

I have read the Internet agreement and understand that my child is responsible for using school equipment and the Internet as outlined here.

I have gone through the agreement with my child and explained its importance, and that there may be consequences for breaking this agreement.

I understand that while the school will do its best to restrict student access to offensive, dangerous or inappropriate material on the Internet or through emails, it is the responsibility of my child to have no such involvement with such material.

PLEASE TICK ONE BOX

- I am happy that my child's photograph and work may be published on the Ashley School web site.
- I would be happy for only their work to be shown, but not their photo on the Ashley School website.
- I would rather that my child's work or photo was not shown on the Ashley School web site.

Parent's Signature **Date**



Information to assist the new entrant teacher

Child's Name

- ★ What does your child like to do in his/her spare time?

- ★ What responsibilities does your child have at home?

- ★ What commitments does your child have out of school?

- ★ Your child's strengths (personally and intellectually) are:

- ★ What are your expectations for your child this year at school?