

Enrolment No _____	NSN No _____
Class: _____	House: _____
Date enrolled: ___/___/___	EPT: _____
Completed by: _____	

# Enrolment Form

## Pupil Details (One form per pupil)

Student's legal first names \_\_\_\_\_ Legal Surname \_\_\_\_\_

Student's preferred first name \_\_\_\_\_ Preferred Surname \_\_\_\_\_

Ethnicity (up to three) \_\_\_\_\_

Iwi student belongs to - if applicable (up to three) \_\_\_\_\_

Gender: Male / Female / Other \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Copy of Birth Certificate/Passport

Instructional Year Level \_\_\_\_\_ (Y1-13) Previous School \_\_\_\_\_

Country of origin NZ / \_\_\_\_\_ Language English / \_\_\_\_\_

Enrolment status: Regular class student / Fee paying / Special Education Agreement eg ORS funding  
(List detail): \_\_\_\_\_

## Caregiver(s) at Main Residence:

**Caregiver 1 Details :** Legal Guardian

Mrs/Ms/Miss/Mr Name \_\_\_\_\_  
First Names Family Name

Relationship to student: \_\_\_\_\_

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Other details \_\_\_\_\_

**Caregiver 2 Details :**

Mr/Mrs/Ms/Miss Name \_\_\_\_\_  
First names Family names

Relationship to student: \_\_\_\_\_

Postal Address (if different to above) \_\_\_\_\_

Physical Address (if different to above) \_\_\_\_\_



**Emergency contacts:**

<b>Emergency contact 1:</b>		
Mr/Mrs/Ms/Miss:	_____	_____
	First names	Family name
Address	_____	
Home phone	_____	Cell phone _____ Work phone _____
Email Address	_____	
Relationship to student	_____ (e.g. grandparent/neighbour/friend)	

**Privacy Statement:** The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

**Parent / Caregiver Verification:**

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). 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 Ministry of Health initiative. Young people who may have difficulty finding future employment, training or further education can be identified by the Ministry of Social Development and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

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

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

**Health Profile** - Please add any further details on a separate page, if required.

**Student Information**

**Name:**

**Year:**

<p><b>1 Please tick if your child has any of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Migraine</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Travel Sickness</li> <li><input type="checkbox"/> Fits of any type</li> <li><input type="checkbox"/> Chronic nose bleeds</li> <li><input type="checkbox"/> Heart Condition</li> <li><input type="checkbox"/> Dizzy Spells</li> <li><input type="checkbox"/> Colour Blindness</li> <li><input type="checkbox"/> Other – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p><b>2 Medical Alert Number</b> (if applicable)</p> <p>.....</p> <p><b>3 Is your child currently taking medication?</b></p> <p>No/Yes – Please state ailment/s</p> <p>.....</p> <p>.....</p> <p>Name of medication/s</p> <p>.....</p> <p>Dosage &amp; time/s to be taken</p> <p>.....</p> <p>Other treatment</p> <p>.....</p> <p><b>4 Is your child fully immunised?</b></p> <p>Yes/No</p> <p><i>Please provide school with a copy of immunisation certificate.</i></p> <p><b>Date of last tetanus injection?</b></p> <p>...../...../.....</p>	<p><b>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p><b>6 Is your child allergic to any of the following?</b></p> <p>Prescription medication</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>Food</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>Insect bites/stings</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>Other allergies</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>Treatment required?</p> <p>.....</p> <p>.....</p> <p><b>7 Outline any dietary requirements:</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>8 What pain/flu medication may your child be given if necessary?</b></p> <p>.....</p> <p>.....</p> <p><b>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases recently?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – please give brief details</li> </ul> <p>.....</p> <p><b>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – please give brief details</li> </ul> <p>.....</p> <p><b>11 Do you give permission for Murchison Area School to publish any photographs of your child in school publications such as the school newsletter, facebook page and school website?</b></p> <p>Yes/No</p> <p><b>OR: Please state your preference below eg permission given as long as my child is only identified by their first name:</b></p> <p>.....</p> <p>.....</p> <p>.....</p>
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**Please take time to update health information with the school office if there are any changes during the year.**

## **Blanket Consent form for Education Outside The Classroom (EOTC)**

This EOTC form is to cover local trips and events which occur during the course of a school day and conclude prior to approximately 4:00pm. For example trips to the Murchison Rec Centre, Museum, Health Centre, our own school cross country events etc.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments, or the event continues overnight, or requires a significant amount of travel (eg to Nelson or Westport) a separate specific consent form will be required (usually in the form of a tear off slip at the bottom of a notice for parents about the event). At the time of our seeking any further consents you will also be asked to confirm that the school has current health and emergency contact information for your student.

**Please note that it is crucial that student details such as health information and emergency contacts are kept up to date with the Murchison Area School office during the year.**

### *Privacy Statement:*

*Please note: the personal information being collected on this form is for the purpose of running EOTC events and will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*

### **Student Information**

**Name:**

**Class/Year:**

### **Swimming Consent**

This is for activities where being able to swim is *essential*. Consent does not remove the need for trip leaders/teachers to ascertain for themselves the level of the student's swimming ability. We realise that some of this information may not be relevant for our youngest students but it is hoped with collecting information each year that we can track your child's growing confidence and ability around water.

#### Swimming ability

Is your child able to swim 50 metres?	Yes	No	Don't know
Is your child water confident in a pool?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child able to tread water?	Yes	No	Don't know
Is your child able to survival float?	Yes	No	Don't know
Is your child confident in the sea or in open inland water?	Yes	No	Don't know
Is your child safety conscious in and around water?	Yes	No	Don't know

Signed:

### **Medical Consent**

Please tick and sign:

- In an emergency the school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Murchison Area School as soon as possible of any changes to my child's medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed:

**Student Contract (only applicable for Yrs 9-13 students)**

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- I realise that this requires me to take on genuine responsibility for my own learning and safety and that of others.
- I agree to do the following to make this happen:
- Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student): .....

Date ...../...../.....

**Parental Consent**

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Murchison Area School EOTC events and that these risks cannot be completely eliminated.
- I understand Murchison Area School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Murchison Area School about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Murchison Area School does not accept responsibility for loss or damage to personal property (either my child's property or damage to others' property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: .....

Date ...../...../.....

(Full name of parent/Caregiver) .....

## Prior Participation in Early Childhood Education

*(For Yr 1-8 enrolments only)*

The Ministry of Education requires schools to collect information about Early Childhood Education in NZ.

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School - Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box

g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

### Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

Yes, for the last \_\_\_\_\_ years(s).

Not regular, only occasionally with no on-going schedule.

No, did not attend Early Childhood Education.



## **Murchison Area School Student Cyber-Safety Agreement**

As a parent/caregiver I understand that Murchison Area School is supporting students as they learn the skills required to become successful digital citizens.

Our school defines a digital citizen as someone who;

- is a confident and capable user of ICT
- uses technologies to participate in educational, cultural, and economic activities
- uses and develops critical thinking skills in cyberspace
- is literate in the language, symbols, and texts of digital technologies
- is aware of ICT challenges and can manage them effectively
- uses ICT to relate to others in positive, meaningful ways
- demonstrates honesty and integrity in their use of ICT
- respects the concepts of privacy and freedom of speech in a digital world
- contributes and actively promotes the values of digital citizenship

I understand that our school has a policy and associated procedures\* which outlines the school's digital citizenship approach and how this supports teaching and learning.

\*These documents are available on request.

I understand that the school provides access to the internet and other communications technologies because it believes that they enhance the teaching and learning process.

I understand that the school encourages responsible behaviour by students when using technology to help protect themselves and each other from experiencing harm online. I am aware that this "Cyber-Safety Agreement" is part of that, and that it encourages students to consider how their actions can affect themselves and those around them.

I have read the student declaration and have talked with my child about what it means to them. I am happy that my child understands what this means, and that they are capable of working within the guidelines.

I am aware that students can experience challenges when using technology, but that the school makes every effort to support students to manage those challenges effectively. I understand that by learning to deal with them in a safe environment with the appropriate support they will be better prepared to deal with those challenges in the future.

If I have questions or concerns about the way in which technology is being used by my child at school, I know the school is happy to discuss this with me, and I am aware that I am welcome to do this at any time.

**To the parent/caregiver/legal guardian, please:**

- 1. Read this page carefully, to check you understand your responsibilities under this agreement**
- 2. Sign the appropriate section on the following page**
- 3. Return this form to the school office.**





**Murchison Area School Cybersafety Agreement cont'd.**

**I understand that Murchison Area School will:**

- Do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the Internet or school ICT equipment/devices at school, or at school related activities
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety through education designed to complement and support the use agreement initiative. This includes providing children with strategies to keep themselves safe in cyberspace
- Keep a copy of this signed user agreement on file
- Respond to any breaches in an appropriate manner
- Welcome enquiries from parents or students about cybersafety issues.

**My responsibilities include:**

- I will read this cybersafety user agreement document
- I will discuss the information with my child and explain why it is important
- I will return the signed agreement to the school
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to always ask the teacher if they are unsure about any use of ICT
- I will contact the principal to discuss any questions I might have about cybersafety and/or this use agreement and I am welcome to do this at any time.

*Additional information can be found on the NetSafe website [www.netsafe.org.nz/](http://www.netsafe.org.nz/)*

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

**I have read this cybersafety use agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.**

Name of student: .....

Student's signature (If year 4 or over): .....

Name of parent/caregiver/legal guardian: .....

Signature of parent or legal guardian: ..... Date: .....