

# Cockle Bay School Enrolment



COCKLE BAY SCHOOL  
STRIVE ON

## STUDENT DETAILS

|  |           |               |  |
|--|-----------|---------------|--|
| Full Legal Name  | Last Name | First Name(s) | Preferred Name   |
| Address: .....   |           |               | Current Pre-School/School (if school, current year level):                           |
| Date of Birth:     /     /   |           |               | Male    Female <input type="checkbox"/> In Zone <input type="checkbox"/> Out of Zone |
| Student lives with: Both Parents/Caregivers <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please specify who Student lives with):                                     |           |               |  |
| Do both parents have legal access to child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, legal documentation is required to support any access/custody arrangements) |           |               |  |

## SIBLINGS (Siblings currently attending Cockle Bay School)

|       |       |
|-------|-------|
| Name: | Room: |
| Name: | Room: |

## ETHNIC BACKGROUND

|   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> NZ European        | <input type="checkbox"/> NZ Māori (Please state Iwi): | <input type="checkbox"/> Other: |
| Language(s) spoken:                         |   |                                 |
| Country of Birth:                           | Date of Entry to NZ:     /     /                      |                                 |
| <input type="checkbox"/> NZ Citizen         | Country of Citizenship (If not NZ):                   |                                 |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Student Visa                 | Visa Expiry Date:     /     /   |

## PARENT/CAREGIVER'S DETAILS

|  |  |
|--|--|
| Parent 1/Caregiver's Name: .....         | Parent 2/Caregiver's Name: .....         |
| Address (If different to Student): ..... | Address (If different to Student): ..... |
| ..... Postcode: .....                    | ..... Postcode: .....                    |
| Relationship to Student:                 | Relationship to Student:                 |
| Phone: Home: .....                       | Phone: Home: .....                       |
| Work: .....                              | Work: .....                              |
| Mobile: .....                            | Mobile: .....                            |
| Email:                                   | Email:                                   |
| Occupation: .....                        | Occupation: .....                        |
| Work Place: .....                        | Work Place: .....                        |

## PARENT/CAREGIVER'S ETHNIC BACKGROUND

|   |   |
|---|---|
| Parent 1: <input type="checkbox"/> NZ European                              | Parent 2: <input type="checkbox"/> NZ European                              |
| <input type="checkbox"/> NZ Māori (Please state Iwi): .....                 | <input type="checkbox"/> NZ Māori (Please state Iwi): .....                 |
| <input type="checkbox"/> Other:   | <input type="checkbox"/> Other:   |
| Language(s) spoken:   | Language(s) spoken:   |
| Country of Birth:   | Country of Birth:   |
| Date of Entry to NZ:     /     /  | Date of Entry to NZ:     /     /  |
| <input type="checkbox"/> NZ Citizen   | <input type="checkbox"/> NZ Citizen   |
| Country of Citizenship (If not NZ):   | Country of Citizenship (If not NZ):   |
| <input type="checkbox"/> Permanent Resident                                 | <input type="checkbox"/> Permanent Resident                                 |
| <input type="checkbox"/> Student/Work Visa    Visa Expiry Date:     /     / | <input type="checkbox"/> Student/Work Visa    Visa Expiry Date:     /     / |

## OFFICE USE ONLY

|             |             |       |
|-------------|-------------|-------|
| Start Date: | Year Level: | Room: |
|-------------|-------------|-------|

**EMERGENCY CONTACTS** *(Other than parents or caregivers)*

|         |                        |
|---------|------------------------|
| Name:   | Phone:                 |
| Mobile: | Relationship to Child: |
| Name:   | Phone:                 |
| Mobile: | Relationship to Child: |

**MEDICAL / LEARNING SUPPORT**

Please indicate if your child is affected by any of the following:

ADHD                       Allergy to Bee Stings                       Asthma                       Inhaler Required                       Epilepsy  
 Diabetes                       Eczema                       Fits/Turns                       Food Allergies .....  
 Other *(Please provide details):*

Current Medication:

Is your child fully immunised?  Yes     No

In an emergency, I give permission for Cockle Bay School to call an ambulance or transport my child by private vehicle to the nearest Accident & Emergency if they have been unable to notify myself or emergency contacts.

|        |       |        |
|--------|-------|--------|
| Doctor | Name: | Phone: |
|--------|-------|--------|

Has your child received any of the following *(Please tick all that are appropriate):*

ORS - Ongoing Resource Scheme                       ELL - English Language Learning  
 SLT - Speech Language Therapy                       ICS - In Class Support  
 Other *(Please state):* .....  
.....

**EARLY CHILDHOOD EDUCATION PARTICIPATION** *(For Ministry of Education statistics)*

*Please complete the table below for the last service(s) attended:*

- If your child was attending more than one service at the same time, please enter hours per week for up to three services.
- If your child attended one service, but changed to a different service within 6 months prior to starting school, please complete for the last service only, not both.
- If your child's attendance hours varied, or you are uncertain, please enter approximate or average number of hours per week.

| Please enter the number of hours per week for up to three services: | Service 1 | Service 2 | Service 3 |
|---|-----------|-----------|-----------|
| Kohanga Reo   |           |           |           |
| Playcentre  |           |           |           |
| Kindergarten or Education and Care Centre                           |           |           |           |
| Home based service  |           |           |           |
| Playgroup   |           |           |           |
| The Correspondence School - Te Aho o Te Kura Pounamu                |           |           |           |

**Did your child regularly attend Early Childhood Education?** *'Regularly attend' means your child was booked in to a service for sessions each week/fornight and generally went to those sessions unless they were sick or on holiday or had a family occasion etc.*

Yes, for the last ..... years     Not regularly, only occasionally with no on-going schedule     No, did not attend ECE  
 Attended but outside New Zealand

**ENROLMENT CHECKLIST** *(Please supply the following documents with your application, otherwise the application cannot be accepted)*

**Statutory Declaration:** I give permission for my child's photograph/work to appear in publications including, but not limited to, online digital and print media related to school activities. I give permission for my child's first and full last names to appear in the School Yearbook.

*In terms of the Privacy Act, I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfers to another school, including name and address on request to a potential Intermediate School and also my telephone number and address to be made available to the Parent Teacher Network (PTN) and Board of Trustees (BOT) as required. I will do my best to ensure that my child complies with School Regulations and Policies. I understand that the school will take action on my behalf in case of sudden illness or injury.*

**Completed Enrolment Form**

If your child was born in New Zealand, please provide a copy of their Birth Certificate/Passport.

If your child was not born in New Zealand, their **Passport** needs to be sighted by the Office *(showing visas or permits required under Immigration Act).*

Signature ..... Date .....