

Glamorgan School Enrolment Form

"Celebrating learning and achieving together"

Pride • Respect • Achievement • Relationships • Choices • Responsibility



PUPIL INFORMATION

Family name _____

First name/s _____

Students preferred full name (If different to legal name) _____

Date of birth ____/____/____ Gender: male female

Country of birth _____

Date of arrival in NZ ____/____/____

Previous School _____ School level _____

Preferred start date at Glamorgan School ____/____/____

Name and birth dates of preschool siblings

_____/____/____

_____/____/____

_____/____/____

Name and birth dates of siblings attending Glamorgan School

_____/____/____

_____/____/____

OFFICE USE ONLY

DATE OF BIRTH

Verified

IMMUNISATION

Verified

In zone

Out of zone

Year level _____

Room _____

Admission no. _____

Date of admission

_____/____/____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

Name _____ Phone No _____ Mob. _____

Address _____ Occupation _____

Place of Employment _____ Phone No. _____

Email Address _____ Send school newsletters to this address

FATHER/GUARDIAN

Name _____ Phone No _____ Mob. _____

Address _____ Occupation _____

Place of Employment _____ Phone no. _____

Email Address _____ Send school newsletters to this address

TWO EMERGENCY CONTACTS (Other than Parents)

_____/____/____ Phone no. _____ Mob. _____

_____/____/____ Phone no. _____ Mob. _____

MEDICAL INFORMATION

Family Doctor _____ Phone No _____

Known Allergies _____ Medication _____

Any issues with : Sight _____ Speech _____ Hearing _____

ETHNIC BACKGROUND

Nationality _____ Iwi _____/_____/_____

Ethnic Group Identified with: _____/_____/_____ First Language _____

ADDITIONAL INFORMATION

Level of English: Low Medium High ESOL at previous School Yes/No

Languages spoken at home _____ (most common)

- 1. Have there been difficulties with learning Yes/No. If yes, please describe briefly
- 2. Have there been difficulties with behaviour at home Yes/No. If yes, please describe briefly
- 3. Have there been difficulties with behaviour at School Yes/No. If yes please describe briefly

Was there special funding, ie ORRS Yes/No BEH Yes/No HHH Yes/No

CWSA

- 1. Is there evidence of exhibiting special abilities in any particular areas? Yes/No. If yes, please describe
- 2. Have special programmes been put in place?

HEALTH

- 1. Any other Health issue? Yes/No. If yes, please explain:
- 2. Any other agencies involved? Yes/No If yes, please list:

SPEECH:

Did your child attend speech therapy? Yes/No. If yes, which Speech Therapist and when?

Any other information offered by parents

DECLARATION (to be completed and signed at interview)

I agree to abide by the School Rules, Board of Trustee Policies and other relevant regulations.

I give permission for my child to attend all approved educational visits and trips.

I give authority to the Principal to act on my behalf in any medical emergency.

I give permission for the information provided to be used for school based activities and be passed to other agencies who work with the school for educational purposes.

I give permission for my child’s educational records to be passed on to subsequent schools.

I give permission for my child’s name, photograph or work to appear on the school website and linked websites. *(Please note that names and photographs do not appear together)*

All information given in this form by me is true and correct. I confirm that the address which I have provided will be the usual place of residence of (students name) when the school is open for instruction.. I will advise the school of any subsequent change of address.

I have read, understood and accept the terms of enrolment. All information given on this form is true and correct. *(Please note failure to fully disclose relevant health, medical, learning or behavioural issues could result in termination of this contract).*

Signed _____ Date ____/____/____

Prior-participation in Early Childhood Education

(Required by the Ministry of Education for statistical purposes)

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 hours per week for up to three services: | Service 1 (hrs/week) | Service 2 (hrs/week) | Service 3 (hrs/week) |
|--|-------------------------|-------------------------|-------------------------|
| a. Kōhanga 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 ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.