

Glamorgan School Enrolment Form

"Celebrating learning and achieving together"

Thinking • Relating to Others • Managing Ourselves • Communicating Effectively • Participating and Contributing



PUPIL INFORMATION	OFFICE USE ONLY
Family name _____	DATE OF BIRTH
First name/s _____	Verified <input type="checkbox"/>
Students preferred name (If different to legal name) _____	VISA Verified <input type="checkbox"/>
Date of birth ____/____/____ Gender: <input type="checkbox"/> male <input type="checkbox"/> female	IMMUNISATION
Country of birth _____	Verified <input type="checkbox"/>
Date of arrival in NZ ____/____/____	ESOL <input type="checkbox"/>
Previous School _____ School level _____	In zone <input type="checkbox"/>
Preferred start date at Glamorgan School ____/____/____	Out of zone <input type="checkbox"/>
Name and birth dates of preschool siblings	Year level _____
_____ / ____/____	Room _____
_____ / ____/____	Admission no. _____
Name of siblings attending Glamorgan School	Date of admission
_____ / ____/____	_____/_____/____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

Name _____ Home phone _____ Mob. _____

Address _____

Work Phone No. _____

Email Address _____ Send school newsletters to this address Yes / No

FATHER/GUARDIAN

Name _____ Home phone _____ Mob. _____

Address _____

Work Phone no. _____

Email Address _____ Send school newsletters to this address Yes / No

TWO EMERGENCY CONTACTS (Other than Parents) *Must speak English*

Name _____ Relationship to child: _____ Mob. _____

Name _____ Relationship to child: _____ Mob. _____

MEDICAL INFORMATION

Medical Conditions _____ Medication _____

Known Allergies _____ Medication _____

Any issues with: Sight _____ Speech _____ Hearing _____

ETHNIC BACKGROUND

Ethnicity _____ Citizenship _____ Iwi _____/_____/_____

ADDITIONAL INFORMATION TO HELP US SUPPORT YOUR CHILD

Level of English: **Low** **Medium** **High** English Language Learning Support at previous School Yes/No

Your child's first Language _____

Languages spoken at home: Mandarin / Cantonese / Other _____

- Have there been concerns or difficulties with early development or learning? Yes / No. If yes, please describe briefly
- Do you, or others have concerns about your child's behaviour? Yes / No. If yes, please describe briefly
- Have there been difficulties with behaviour at Kindergarten/School? Yes / No. If yes, please describe briefly
- Was there special support or funding at previous School or Preschool, ie ORRS Yes / No BEH Yes / No HHH Yes / No
- Is there evidence of exhibiting special abilities in any particular areas? Yes / No. If yes, please describe
- Have special programmes been put in place?

HEALTH (PHYSICAL/SPEECH/SPECIALIST INVOLVEMENT)

- Any other Health issues? Yes/No If yes, please explain:
- Any other agencies or specialists involved? e.g. Paediatrician Yes/No If yes, please list.
- Has your child had occupational therapy/speech therapy/physiotherapy? Yes/No Therapist name _____

Any other information offered by parents

PRIVACY

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

The school is not required to obtain parental consent to send a roll return or ENROL information about your child to the Ministry of Education. The Ministry treats student information confidentially and restricts access to the information to approved personnel within the Ministry.

DECLARATION (to be completed and signed)

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

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

I give authority to the School to act on my behalf in any medical, dental or surgical emergency 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.

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 (student's name) when the school is open for instruction. I will advise the school of any subsequent change of address or information.

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)

Name of Preschool/Kindergarten Attended: _____

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 into 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.