

WESTPORT SOUTH SCHOOL ENROLMENT FORM



Full Name		
Date of Birth	Verified	<input type="checkbox"/>
Gender		
Ethnic group identified with	New Zealand/European	<input type="checkbox"/>
Iwi	Maori	<input type="checkbox"/>
	Pacific Islands	<input type="checkbox"/>
(Please specify)	Other	<input type="checkbox"/>
Address		
Previous School:		

Date commencing
Enrolment No.
Class/Room

Living with:

Name	Name
Relationship:	Relationship:
Occupation	Occupation
Phone	Phone
Email Address for newsletters:	

Other Parent/Caregiver

Name	Relationship
Address	Has your child had any speech or SES assistance prior to enrolment. (Please detail)
Phone	
Emergency Contact:	

Name	Relationship	Phone
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Does your child have any medical condition or other concerns ie food allergies that the school should know about ?

(please detail)

Does your child have ongoing medication?

(please detail)

Family Doctor

Transport Walk Bike Car Taxi **Bus:** Nine Mile Charleston Carters Beach Fairdown

Siblings and dates of birth

Has attended: Hours per week (Please specify).....	Regularly	Occasionally		Regularly	Occasionally
Kindergarten			WELC		
Play Centre			Kawateri Kids		
Kohanga Reo			Other (specify)		

INFORMATION PRIVACY



I agree to the Westport South School collecting personal information on

.....
(full name of child) First Names Surname

I have been advised by the School that the information I provide will be used to enable Westport South School's Board of Trustees to carry out its objectives as set out in the Charter, the National Educational Guidelines and legislation - particularly the Education Act.

I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at Westport South School whose address is:

Westport South School
Derby Street
WESTPORT

I am aware of the rights of access to, and correction of this information.

I give permission for my child to participate in class excursions and the school swimming programme at the town pool. (Notification will be sent home prior to excursion).

I agree / disagree to my child having access to the internet through the school's computers in accordance with the schools internet safety procedure.

I give the school permission to publish any photos taken while my child is at South School (class blogs, website, newspaper, google docs)

Signed:

Individual/Parent/Legal Guardian/Caregiver/Agent

(please delete those not applicable)

In the event of an emergency I give permission for the school to act on my behalf

Yes/No

I give permission for the school to administer paracetamol to my child. Yes/No

Date:

IMMUNISATION DETAILS

Certificate shown	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Pertusses	<input type="checkbox"/>
(Whooping cough)	<input type="checkbox"/>

Immunisation complete	<input type="checkbox"/>
HIB	<input type="checkbox"/>
Measles	<input type="checkbox"/>
Mumps	<input type="checkbox"/>
Rubella	<input type="checkbox"/>