



Student Enrolment Form In Zone Out of Zone

STUDENT DETAILS

Legal Surname _____

Preferred surname (if different from above) _____

First Names _____

Preferred name (if different from above) _____

Gender _____ **Date of Birth** (dd/mm/yy) _____

(Birth Certificate or Passport to be copied on enrolment)

Country of birth _____

NZ Citizen Yes/No

NZ Resident Yes/No (Copy of visa required)

Date of NZ entry (dd/mm/yy) _____

Language spoken at home _____

Student will be the eldest at school? Yes/No

If NO, please name brothers/sisters who are attending this school

For Office Use Only

Student Enrolment No: _____

Start Date: _____

NSN: _____

DOB Verification/Visa: Yes/No

Proof of Address: Yes/No

Immunization: Yes/No

Work Published: Yes/No

Photo Published: Yes/No

Milk in Schools: Yes/No

EOTC: Yes/No

Parenting Order: Yes/No

Year Level: _____ Room: _____

Teacher: _____

PARENT/GUARDIAN DETAILS—Please nominate two parents/caregivers and two alternative emergency contacts

Mother/Guardian: Name _____ **Occupation** _____

If not mother, please indicate relationship: _____

Lives with Home address: _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Father/Guardian Name _____ **Occupation** _____

Lives with Home address: _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Alternative Emergency Contacts:

Name: _____ Name: _____

Phone: _____ (Hm/Wk) _____ (Mob) Phone: _____ (Hm/Wk) _____ (Mob)

Relationship: _____ Relationship: _____

CUSTODY ACCESS

Court Order issued? Yes / No / NA

Attached information as required

PREVIOUS SCHOOLING (including early childhood education)

Student is transferring from school (name) _____

Year Level _____ Date started school (if known) _____

Kindy/Pre-School attending: _____

Please indicate any Early Childhood education this student has had (if just starting school this year) Kohanga Reo Play Centre Kindergarten or Early Childhood Centre Home Based Service Attended, but only outside New Zealand Did not attend any pre-school

Was ECE regularly attended?

 Yes, for the last ____ year(s) Not regularly/only occasionally

Approximate number of hours per week _____

ETHNIC GROUPS NZ European/Pakeha Other European _____ New Zealand Maori—Please specify Iwi Affiliation/s Pacific Islands (specify) _____

1. _____

 Asian (specify) _____

2. _____

 Other (specify) _____**DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE**

1. Name: _____ Birthdate: _____

2. Name: _____ Birthdate: _____

HEALTH RECORD—Please outline any health problems or medication

Name of Family Doctor: _____ Phone: _____

Allergies: _____ Medication: _____

Sight/Vision/Hearing or other medical issues: _____

The immunization certificate has been brought to school on enrolment Yes No My child is (please tick) Fully immunized Not immunised **LEARNING and BEHAVIOUR**

Learning/Behaviour Needs: _____

Specialist Needs/Resourcing Agencies: _____

Has your child been stood down or excluded from another school? Yes No

If Yes, what was the reason? _____

EDUCATION OUTSIDE THE CLASSROOM

PARENTAL AGREEMENT—Please read the following and indicate your consent. If you do not consent to this please discuss this with the Principal/Deputy Principals

Education Outside the Classroom (EOTC) is the name given to all events and activities that occur outside the classroom, both on school grounds, and off-site.

Our students participate in a wide range of learning opportunities within and outside the school grounds. Senior students participate in a wide range of sporting events outside the school throughout the year. All class teachers are encouraged to provide extension and enrichment opportunities for their students. These learning opportunities sometimes require travel outside the school.

The school uses a process to identify and manage risks at every level of activity and this process is monitored by the board and the principal. We recognise four levels of activities, each with specific requirements regarding parental/caregiver consent.

Level 1 Activity

At school, or within the immediate local environs, for example, sports events, fun days.

Consent required: Blanket permission provided on enrolment.

Level 2 Activity

Off-site events occurring entirely in school time and finishing no later than 4 pm, for example, zone sports, team sport events, class trips to the museum. Parents are advised of the finishing time if it is later than 3:15 pm.

Consent required: Blanket permission provided on enrolment, but parents are informed that the event is to occur.

Level 3 Activity

Off-site or on-site events occurring in one day involving risk assessed to be greater than that associated with the average family activity, for example, water activities (apart from swimming sports), rock climbing.

Consent required: Parent/caregiver informed consent is required for each specific event.

Level 4 Activity

Events occurring overnight, for example, school camp.

Consent required: Parent/caregiver informed consent is required for each specific event.

By signing this, you consent to your child participating in level 1 and 2 activities. For any level 3 or 4 activity, you will always be provided with a specific consent form.

I/we give permission for our child to participate in level 1 and 2 Education Outside the Classroom activities.

I/we have provided the school with up-to-date medical and other information on the school enrolment form and will notify the school of any changes to that information.

Signed: _____

Signed: _____

PARENTAL CONSENT—Please read the following and indicate your consent, or otherwise.

Milk in Schools: I give permission for my child to take part in Fonterra Milk for Schools. My child does not have a dairy intolerance and/or allergy. Yes No

PARENTAL AGREEMENT—In signing this you are agreeing to the 4 statements below. If you do not agree to all of the statements please discuss this with the Principal/Deputy Principals

1. **Attendance:** I agree to ensure that my child attends school every day but in the event of illness or other particular circumstance I will notify the school before 9:00am on the morning of the absence.
2. **School Uniform:** I understand that Ōtūmoetai Primary School has a compulsory uniform. I will ensure that my child is suitably equipped in regulation uniform and will wear it with pride. I will ensure that the uniform is clean and tidy and adequately named.
3. **Code of Behaviour:** I understand that the school has rules and a code of behaviour that makes the school a safe place for students and staff. I will support the school's behaviour initiatives and acknowledge the need for parents and school to support one another in this regard.
4. **Public Health Nurse:** I understand that from time to time health issues sometimes arise and the school may seek the advice of the Public Health Nurse. I understand that the nurse may need to see my child and that if any action is recommended she will contact us.

Signature: I have read the 4 statements directly above and am signing my agreement to all of them.

Signed: _____

Signed: _____

DIGITAL CITIZENSHIP/CYBER SAFETY MEMORANDUM OF UNDERSTANDING

Please read the following and indicate your consent. If you do not consent to this please discuss this with the Principal/
Deputy Principals

To ensure that Ōtūmoetai Primary Students are using digital technologies and online tools safely we teach about digital citizenship and cybersafety.

The form below outlines an understanding between the school, your child and yourself around device care and correct digital conduct. Please go through this form carefully with your child to ensure that everyone is aware of their responsibilities when it comes to the safe use of technology.

In order for your child to use digital technologies at school you and your child will need to complete and sign the form.

Looking After Me

I will:

- only use digital technologies when I have permission
- only visit the pages I am allowed to
- only share pictures and stories about myself when my teacher tells me I can
- talk to my parents and teachers about any online friends I have
- tell my teacher or parents if anyone is unkind to me on the computer
- tell my teacher or parents immediately if I see anything that makes me feel uncomfortable

Looking After Others

I will:

- ask before I share a picture or story about a person
- be respectful and kind about others work and feelings

Looking After Property

I will:

- wash and dry dirty, sticky hands before touching digital technology.
- keep all drink and food away from technology.
- respect the technology - walk and use two hands for carrying devices; only using my finger on touch screens, return it to its storage place after use.
- be seated while using technology unless directed by the teacher

We have talked about the Digital Citizenship/Cyber Safety rules and why these are important for keeping us safe. We know that there may be a consequence if the rules are not followed.

Signed: _____ (Parent)

Signed: _____ (Child)

Dated: _____

I give permission for my child's photograph to be published Yes No

I give permission for my child's work to be published. Yes No

I understand that this could result in them being publicly identified as a student of Ōtūmoetai Primary School. (website, class blogs and wikis, school newsletters and Facebook, newspaper)

Signed: _____

Dated: _____

ENROLMENT DECLARATION

Please complete the Enrolment Declaration in order to complete the enrolment process.

To be completed by parents who have given an in-zone address as the student's usual place of residence.

The address given at the time of the application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address, but move to an out-of-zone address before your child's first day of attendance, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment, by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary e.g.

- Renting accommodation in-zone on a short term basis
- Arranging temporary board with a relative or family friend
- Using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an on-going basis.

Before enrolment takes place (i.e. before attendance begins), if the Board of Trustees has reasonable grounds for believing that the given in-zone address is not a genuine, on-going living arrangement, then the Board of Trustees may withdraw any offer of a place which it may have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board of Trustees may review the enrolment. Unless parents can give a satisfactory explanation within 10 days, the Board of Trustees may annul the enrolment. This course of action is provided for under section 100A of the Education Act 1989.

I confirm that the address which I have provided to the school 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.

Please supply one of the below documents to support your Enrolment Declaration:

- Proof of current in-zone residential address i.e. Tauranga City Council rates notice
- OR current in-zone Rental Agreement
- OR current in-zone Sale & Purchase Agreement (if you have recently purchased, must be unconditional)

Name: _____

Date: _____

Signed: _____

OUT OF ZONE ENROLMENTS

Roll growth at our school has the potential to cause overcrowding. As a result the Ministry of Education and the Board of Trustees have in place an enrolment scheme/zone that will give the school more control over its rate of growth and ensure the right of entry to parents and children who live within the school's identified home zone.

This enrolment scheme meets the Purposes and Principles found in Section 11A of the Education Act 1989. These read as follows:

- (a) To avoid overcrowding or the likelihood of overcrowding
- (b) To ensure that the selection of applicants for enrolment is fair and transparent
- (c) To enable the Secretary of Education to make best use of existing networks of State schools and to ensure that, as far as possible:
 - (i) the scheme does not exclude local students
 - (ii) no more students are excluded than necessary to avoid overcrowding

Where there are more out-of-zone applications than places a ballot will be held. Names drawn in the ballot will be recorded in the order they are drawn up to a limit of the number of available spaces. Beyond this names will be recorded on a waiting list in the order they are drawn. If an application is successful, parents have 7 days to accept, or decline the offer of enrolment. The Board will offer any consequential enrolment place in the order of the waiting list drawn from the ballot.

OUT-OF-HOME ZONE APPLICATION FOR ENROLMENT

Surname of Student: _____ First Name: _____

Date of Birth: _____ Year level on enrolment (please circle) Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Name of Parent/Caregiver: _____

Address: _____

Home phone: _____ Cell phone: _____

This application is a pre-enrolment only and does not guarantee acceptance. The application must be completed carefully and have all the necessary documents attached and returned to the school office by the closing date to be considered.

CLOSING DATE

TO BE ADVISED

BALLOT DATE

TO BE ADVISED

PRIORITY ORDER FOR BALLOTS

Applications for out-of-zone students will be balloted in the following order of priority.

Please tick one of the following:

	1	First priority	Special programme Not applicable
	2	Second priority	Applicants who are siblings of current students Name of sibling:
	3	Third priority	Applicants who are siblings of former students Name of sibling: Year(s) of enrolment
	4	Fourth priority	Child of former student of the school Name of former student Year(s) of enrolment
	5	Fifth priority	Child of Board member/staff member Name of Board/staff member
	6	Sixth priority	All other applicants

The information provided in this application is, to the best of my knowledge, true and correct.

Signed: _____

Date: _____