



Richmond School Enrolment Information

FOR OFFICE USE ONLY:

DATE:	ADMISSION NO:
	/
YEAR:	ROOM:
NSN:	

To enable completion of enrolment this form should be accompanied by:

- ☐ BIRTH CERTIFICATE (Ministry of Education requirement)
- ☐ IMMUNISATION CERTIFICATE
- ☐ If child was not born in New Zealand a copy of their passport showing Residency Status.
- ☐ Online Publication Permission / Student Computer Agreement

SECTION ONE: To be completed by the parent or guardian enrolling the child

STUDENT:

Child's Surname (Legal):	First Names (Legal):
Child's Surname (Preferred):	First Names (Preferred):
Date Of Birth:	MALE/FEMALE?
ADDRESS Child Lives Primarily At:	
Does a shared care arrangement exist for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No With Whom? (indicate below*)	

PRIMARY CAREGIVERS (Main Residence):

Female	Male
Surname (Mrs/Ms/Miss):	Surname:
First name:	First name:
Relationship to student (circle): Mother/Stepmother/Caregiver/please specify if other:	Relationship to student (circle): Father/Stepfather/Caregiver/please specify if other:
Address:	
Home Phone:	Email: (to receive newsletters, class notices etc)
Cell Phone:	Cell Phone:
Work Phone:	Workplace:

SECONDARY CAREGIVERS

Please tick which arrangement fits this Caregiver:
☐ SHARED CARE – parent listed above is main caregiver, parent listed here has regular care * ☐ 50/50 shared care ☐ Other regular arrangement
☐ Parent/Caregiver not living with student but has legal access to their information

Female	Male
Surname (Mrs/Ms/Miss):	Surname:
First name:	First name:
Relationship to student (circle): Mother/Stepmother/Caregiver/please specify if other:	Relationship to student (circle): Father/Stepfather/Caregiver/please specify if other:
Address:	
Home Phone:	Email: (to receive newsletters, class notices etc)
Cell Phone:	Cell Phone:
Work Phone:	Workplace:

HEALTH NOTES:

IMMUNISATION CERTIFICATE: Yes/No

NOTES (Allergies, medication, serious problems):

FAMILY NOTES: (Please include any custodial, guardianship or access information which you feel the school should be aware of)

Older Siblings Attending Richmond School:

Pre-schoolers:

NAME:	Room:	NAME:	D.O.B.
NAME:	Room:	NAME:	D.O.B.

HOME LANGUAGE/S:

ETHNIC IDENTIFICATION:

(Required for Ministry of Education statistical and funding purposes)

Please **TICK UP TO THREE ETHNICITIES** to show which group or groups your child is identified with and

CIRCLE THE GROUP YOUR CHILD MOST STRONGLY IDENTIFIES WITH:

NZ European/Pakeha	<input type="checkbox"/>	NZ Maori	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Cook Island Maori	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Niue	<input type="checkbox"/>
Other European	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Tokelaua	<input type="checkbox"/>	Other Pacific Islands	<input type="checkbox"/>	South East Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Asian (e.g. Japanese, Korean)	<input type="checkbox"/>					Other (e.g. South American, African)	<input type="checkbox"/>		

NZ MAORI: Please state Iwi:

(up to 3 Iwi)

1.

2.

3.

NATIONALITY: NEW ZEALAND ☐

OTHER (Please specify)

Prior-participation in Early Childhood Education

Did the 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	Service 2	Service 3
	(hrs/week)	(hrs/week)	(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	<input type="checkbox"/>
h. Attended, but know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

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.

EMERGENCY CONTACTS:

(Please nominate at least one person who you know would be prepared to come to school to collect your child should he or she become ill and we are unable to contact you or your spouse/partner)

NAME:

RELATIONSHIP TO CHILD:

ADDRESS:

PHONE NO:

MOBILE:

NAME:

RELATIONSHIP TO CHILD:

ADDRESS:

PHONE NO:

MOBILE:

NAME:

RELATIONSHIP TO CHILD:

ADDRESS:

PHONE NO:

MOBILE:

SCHOOL TRANSFER INFORMATION:

PREVIOUS SCHOOL ATTENDED:

(Transferring students only)

Postal Address:

Phone:

LAST EARLY CHILDHOOD CENTRE

ATTENDED: *(New Entrants only)*

FONTERRA'S MILK IN SCHOOLS PROGRAMME?:

Yes/No

I understand that the school will take action on my behalf in case of injury or sudden illness. I certify that this enrolment has the consent of all legal guardians.

Privacy Act: I authorise the school to collect, store and use information relevant to education, health and safety of the above child as it sees fit in the best interests of the child. I agree to such information being shared with education, health, and other professionals when necessary and that such information may be transferred to schools at which the child may be subsequently enrolled.

Please note:

- a) All new entrant records will be entered on the Ministry of Education's ENROL database (Birth Certificate required). The school will have access to records of students via the ENROL database who have attended previous schools.
- b) I agree that Richmond School can access data from the previous school and transfer to the next school prior to enrolment (Student Management system data).
- c) We agree to supply additional proof of address and/or relationship connection in respect of out of zone priorities if requested.
- d) This Enrolment Form will be kept at this school for seven years after the student leaves the school.
- e) **I agree/do not agree to my child's work and or photo being published on the school website. (Please complete attached form)**

SIGNED: _____

DATE: _____