



# Glen Oroua School Enrolment Form

Kaitiaki for our Community

200 Sansons Road, RD3

Palmerston North 4473

06 329 7859

glenoroua@glenoroua.school.nz

## Student

Family Name:		First Names:		Preferred Name:	
Address:					
Gender:		Date of Birth:		Ethnicity:	
If NZ Māori Iwi 1:		Iwi 2:		Iwi 3:	
Country of Birth:		First Language:		Other Spoken Languages:	
School Currently Attending Or Last Attended:				Year Level:	
Siblings Currently Attending GO School:					
Younger Siblings 1. Name DoB		2. Name DoB		3. Name DoB	
Prior Participation in Early Childhood Education: (please circle) Education & Care Centre    Home Based    Kindergarten    Playcentre    Playgroup    Te Kōhanga Reo					
Name of Organisation Attended: _____				Hours Per Week: _____	
Time in Early Childhood Education: _____ years, _____ months					
<b>For non-New Zealand residents only</b>					
Date of first entry into NZ: .....					
Passport sighted by school office: Yes No    Visa Expiry Date: .....    Document Number: .....					
Type of Immigration Permit: (e.g. <i>Permanent Residence, Parent Work Permit, Student Visa, Visitor's Visa</i> )					

## Parent/Caregiver/Guardian

	Primary Caregiver	Primary Caregiver
Name		
Relationship to Student		
Ethnicity		
Address (if different)		
Occupation		
Workplace		
Phone (home)		
Phone (work)		
Phone (cell)		
Email		
Does child live with both parents?    Yes    No    If no, state who child lives with:		
Do both parents have access to child?    Yes    No    (legal documentation is required to support and access/custody arrangements)		
Extra copy of school report to:		

## Emergency Contacts

(in case above cannot be contacted in emergency)

Name		
Phone (cell)		
Relationship to Child		

## Learning & Behaviour

Learning/Behaviour Needs:	
Specialist Needs/Resourcing/ Agencies:	
Other Information or Needs	

## Medical Information

Vision:	Hearing:
We consent to our child's vision & hearing being tested: <span style="float: right;">Yes      No</span>	
School Dental clinic enrolled in:	
Allergies:	
Medication: (Note: separate form to be completed if to be given at school)	
Speech:	
Other Medical Information:	
Family Doctor Name:	Phone:

## Privacy Statement

<p>The information collected in this form will be used by the school for enrolment and for your child's safety, wellbeing and education, and forms an essential part of the information held by the school on your child.</p> <p>The records made from this information may be viewed on request at the school, and corrected by you if necessary.</p> <p>The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency, unless such disclosure is authorised or required by law.</p> <p>All of the below uses of information will be in accordance with school policy.</p>	
<b>I/we consent to:</b>	<b>Initial</b>
The <b>above uses of information</b> about us and our child.	
Our <b>child's work to be used in school publications</b> , understanding that the newsletter is placed on the website and social media. This may also include social media pages where the student's first name only will be used. This occasionally may include a local newspaper.	
Our <b>child's photo to be used in school publications</b> . This may also include the school website and social media pages where the student's first name only will be used. This occasionally may include a local newspaper.	
Our <b>child to be videoed</b> . This may be used on the school website, or social media pages, or may be used for teachers for professional development.	
Our <b>contact number/email being shared</b> with the Friends of the School for fundraising or social events	

## Other Permissions

<b>I/we consent to:</b>	<b>Initial</b>
Our <b>child undertaking day visits and trips</b> outside the classroom, within the environs of the Manawatū. (Separate consent will be requested for overnight or higher risk trips. Information about all trips will be provided.)	
Our <b>child leaving the school grounds for educational or sporting events</b> .	
Our <b>child being transported by bus or car for educational or sporting events</b> . (If parental transport is required then a notice will be sent home.)	
Our <b>child participating in Launchpad</b> (Christian values education) weekly sessions. Information attached.	
<b>School staff acting on our behalf in the event of a medical emergency where the school staff are unable to contact me, or any of the emergency contacts</b> I have given for my child. I will pay any associated costs of this emergency treatment.	

## Digital Technology Parent Declaration

<b>I understand that our kura:</b>	
Is supporting students as they learn the skills required to become successful digital citizens	
Has a policy and associated procedures which outlines the school's digital citizenship approach and how this supports teaching and learning	
Provides access to the internet and other communications technologies because it believes it enhances the teaching and learning process	
Encourages responsible behaviour by students when using technology to protect themselves and each other from experiencing harm online. I am aware that this declaration is part of that, and that students are encouraged to consider how their actions can affect themselves and those around them.	
Co-creates a digital use agreement with the students in their classes, and which develops across the kura alongside the students' use of digital technologies.	
I am aware that students can experience challenges when using technology, and that the school makes every effort to support students to manage those challenges effectively. I understand that by learning to deal with them in a safe environment with appropriate support that they will be better prepared to deal with those challenges in the future.	
If I have questions or concerns about the way in which technology is being used by my child at school, I know the school is happy to discuss this with me, and I am also aware that I am welcome to do this at any time.	
Signature:	Date:

### Parent/Caregivers' Commitment

This section outlines our school's conditions of enrolment

1. I acknowledge that my support and encouragement is expected for my child's learning and school activities, and I will endeavour to fulfil that to the best of my ability.
2. I accept and will abide by the school policies ([www.schooldocs.co.nz](http://www.schooldocs.co.nz), username: glenoroua password: policies)
3. Our school flourishes because of the involvement of our community. I will endeavour to be an actively involved member of our school community.
4. In signing this enrolment form, I understand that the information in this application is true and correct. I will update the school with any additions or alterations to this information.

### Declaration

I, \_\_\_\_\_, have read, understood, and accept the above.

Signature:	Date:
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### Office Use

Room:	NSN No:	Enrol No:
Birth Certificate	Passport (if required)	Immunisation Record
Yes No	Yes No	Yes No
Launchpad	School Bus	
Yes No	Yes No	



## BUS TRANSPORT CODE OF CONDUCT

**My family and I understand and accept the following school bus rules.**

- I will:
- sit down quietly in my seat
  - put my bag on the floor or on my knees
  - wear my seatbelt, if there is one, and stay in my seat while the bus is moving
  - wait until the bus stops before I leave my seat
  - walk quietly from the bus when I get off.

- I will not:
- throw anything out of the windows
  - eat or drink on the bus
  - distract the driver while the bus is moving
  - be disruptive or annoying to other passengers.

If I have a concern, I will tell the bus monitor or bus driver.

If I misbehave on the bus, the bus monitor/bus driver may report it, and I may be shifted to a different seat on the bus, or excluded from travelling on the bus for either a set time or indefinitely.

STUDENT NAME

PARENT NAME

Signature

Signature

Date        /        /

Date        /        /