OMOKOROA POINT SCHOOL ENROLMENT FORM

STUDENT DETAILS

FAMILY NAME:

DATE OF BIRTH: _____ /_____ /_____
Verified: Yes / No
Date starting School:

FIRST NAMES:

BOY / GIRL:

NAME TO BE KNOWN BY:

Previous School:
Current Year Level:

ADDRESS:

HOME TELEPHONE: ……..POSTAL CODE: ……..

CELL PHONE: ……..EMAIL:……..

Previous Early Childhood Centre Attended:

Previous Dental Clinic:

ELDEST CHILD AT THIS SCHOOL: Yes/No

Will your child catch the bus home: Yes/No

Would you like the newsletter via email: Yes/No

Religious Education At School [Y1-6 only] YES / NO

ETHNIC GROUP (Please circle all that apply): NZ European; Maori, Chinese; Other European:
If Maori state Iwi ……... Pacific Is. (state) ……

NZ Residency: Yes / No

COUNTRY OF BIRTH:

Date Of Entry To NZ:

NATIONALITY:

Language Spoken At Home:

PARENTS' DETAILS

MOTHER: Living with child : Yes / No
Title: Surname: First Name:

OCCUPATION:
Name of workplace:
Work Telephone No:

FATHER: Living with child: Yes / No
Title: Surname First Name:

Address if different from above:

OCCUPATION:
Name of workplace:
Work Telephone No.

OTHER CAREGIVERS / EMERGENCY CONTACT NAMES
Title Surname: First Name:
Relationship to Child:

Telephone Number:

Title Surname: First Name:
Relationship to Child:

Telephone Number:

Silbings to attend Omokoroa Point School: Name/s: DOB:

EARLY CHILDHOOD EDUCATION PARTICIPATION
Service attended before starting school – please circle all that apply for attendance in the previous six months. If attending more than one service, please enter number of **hours per week** for up to three services.

	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
Kohanga Reo			
Playcentre			
Kindergarten *or* Education Care Centre			
Home Based Service			
Playgroup			
Te Aho o Te Kura Pounamu			

☐Attended, but only outside of NZ; ☐Attended, but don't know type of service ; ☐Did not attend; ☐Unable to establish if attended or not

Did the child regularly attend Early Childhood Education?
"Regularly Attended" 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

HEALTH: State any health problems: Asthma, allergies, sight, hearing or medication to be taken at school.
Immunisation: Yes/No
DOCTOR:

Phone:

After School Care: Name of Organisation:
Days collected from school:

Phone:

Name and address of Parent not living with child (for Board of Trustees Electoral Roll)

CUSTODY / ACCESS ARRANGEMENTS:
If this child does not live with birth mother or father, state access arrangements.
Court Order Issued? Yes / No / N.A

Other Details:
Behavioural:

Special Needs (eg social, emotional):

Other Information:

Out of school activities your child has been involved in:

Learning Profile (please tick the box that best describes your child	Always	Frequently	At times	Never
Enjoys learning				
Is curious, asks questions / is observant				
Learns things quickly, good memory				
Has extensive vocabulary				
Great interest in one or more subjects				
Is self-confident / social / outgoing				
Has personal sensitivity / compassionate				
Vivid imagination / highly creative				
Is reliable, responsible for age/ cooperative				
Has a sense of humour				
Well organised, plans / uses time well				
Sticks with tasks until complete				
Writes stories / poems at home				
Collects things / has intense interests				
Organises games and activities for others				
Enjoys reading				
Constructs models, charts etc				
Easily frustrated				
Enjoys school				
Behaves excellently				

Please note any strengths and / or weaknesses

Please read the following carefully and then sign

I understand that the information collected on this form will be held as part of the records the school will hold on my child

I understand that the information about my child held by the school will be made available to the classroom teacher, school management and any agencies working with my child

I understand that the school will take action on my behalf in the case of sudden illness or injury

I agree to abide by school policies and procedures

I give permission for my child to have his/her photograph, artwork and written work published (school intranet Galleries, newsletters, magazines, classroom presentations, newspapers, internet, classroom blogs, photo and video presentations).

I give permission for my child to use the internet under the conditions set out in the school's Internet and Cyber Safety Policies

I agree to my child participating in all school programmes – including the Cool Bananas' (Christian Education programme) - (delete is not agreeing)

I agree to inform the school of any changes in circumstances that relate to my child (eg phone, address, caregivers, health issues etc)

I agree that the information provided on this form is, to the best of my knowledge, accurate.

Signed: _____ Date _____

For Office Use:

Entered on eTap ☐ Birth Certificate copied ☐

Entered on ENROL ☐ House _____

Copy Classroom Teacher ☐ Eldest in Family Yes / No

School Fees Invoiced ☐ Cyber Safety Yes / No

Immunisation up to date ☐ Immunisation Record Sighted Yes/No

Room Number: …… Year Level: ……

Teacher: ……

Enrolment Number: ……

Date Started at OPS: ……

NSN No: