



# PETONE CENTRAL SCHOOL

16 Britannia Street

A vibrant local place of learning and achievement

568 7974

[office@petone-central.school.nz](mailto:office@petone-central.school.nz)

## ENROLMENT FORM

Kia ora and welcome to Petone Central School.

Please read the instructions below carefully before you complete this Enrolment form.

### INSTRUCTIONS:

The purpose of this enrolment form is to obtain from you the information we need to enrol your child into our school. We also need to collect information from you, which are required by the Ministry of Education. Please fill in the form correctly by:

- **Completing all sections of the form.**
- **Signing the form.**
- **Providing a copy of birth certificate.**
- **Providing a copy of immunisation certificate.**
- **Providing a copy of any court order (if applicable).**

### STUDENT DETAILS

First Names:  
(As shown on Birth Certificate)

Gender:

Ethnicity:

1)

2)

Preferred First Name:

Languages Spoken:

1)

2)

Iwi (If applicable):

Surname:

Date of Birth:

Birth Certificate Number:

**PARENT/CAREGIVER DETAILS**

Caregiver/s:

1)

2)

Residential Address/es:

1)

2)

Work Address/es:

1)

2)

Postal Address (if different from above):

Work Phone Number/s:

1)

2)

Home Phone Number/s:

Cell phone Number/s:

1)

2)

Email Address:

**EMERGENCY CONTACT DETAILS (Not parent/caregiver): We require 2 emergency contacts****Contact Person 1:**

Relationship to student:

Home Phone Number:

Cell phone Number:

Work Phone Number:

Address:

**Contact Person 2:**

Relationship to student:

Home Phone Number:

Cell phone Number:

Work Phone Numbers:

Address:

## MEDICAL DETAILS OF STUDENT

### **General Permissions** *(Please circle):*

I give permission for the staff of Petone Central School to clean a wound and apply a bandaid/bandage or apply an ice pack.

Yes / No

I give permission for the staff of Petone Central School to support my child with changing in case of a toileting accident.

Yes / No

I give permission for the staff of Petone Central School to give support in administering medication (medication provided by you the parent/caregiver) if needed.

Yes / No

### **Basic Medical Details**

My Child's Doctor is: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

### **Medical Conditions** *(Please circle):*

Does your child have a medical condition/s (asthma, allergy, food intolerance, epilepsy, eczema, ADD, ADHD, autism etc.)?

Yes / No

*If you answered 'Yes', please add details to the table below:*

Condition/s	Severity (Mild, Medium, Severe).	Known triggers/allergens	Medication and How to Administer	Specific instructions for supporting this condition in school

Does your child have a hearing or eyesight condition?

Yes / No

*If you answered 'Yes', please add details to the table below:*

Condition (Short Sighted, Long Sighted, Hearing Impairment etc.)	Severity (Mild, Medium, Severe).	Assistance Provided (Hearing Aid, Glasses etc.)	Specific instructions for supporting this condition in school

Is your child fully immunised?

Yes / No

## PERMISSIONS

1) I give consent for my child to have access to the Internet for purpose of study and research (Year 4 to Year 8)

Yes / No

2) I give consent for my child to participate in School or Class Trips – Local Only.

Yes / No

3) I give medical consent for my child to have eyes, ears and teeth checked.

Yes / No

4) I give permission for the school to use photos/videos of my child for educational/school purposes (E.g., school newsletter, flyers, website, school facebook page, seesaw and in newspaper articles about the school).

Yes / No

## DIETARY REQUIREMENTS

At Petone Central School, lunches are provided free and are catered by a company called Kapura. In order to ensure your child is receiving the correct food please note any specific cultural or dietary requirements here (e.g., vegetarian, vegan, gluten free, no pork, no beef etc).

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## PRE-SCHOOL DETAILS

Pre School/Kindergarten/Kohanga Reo Attended:

Hours Per Week:

Number of Years Attended:

## OTHER SIBLINGS

Do you have any other children that may attend Petone Central School in the future? We would love to be party to this information to help us plan class sizes and to contact you for visits as your children approach the age of 5.

If so, please fill in the table below:

Name	Date of Birth

## PARENT/CAREGIVER SIGNATURES

PLEASE READ before signing this enrolment form

If my child, in the professional judgement of the Principal, requires medical attention, I hereby authorise the school to take whatever steps are required to ensure the well-being and safety of my child.

I also give permission and authorise Petone Central School to utilise Government organisations such as the Ministry of Education, Specialist Education Services, etc, to ensure my child receives appropriate assistance particular to his/her educational needs.

I understand my child needs to attend school every day from 9am-3pm. I will contact the school if my child is absent from school.

I will contact the school if my contact details change during my child's attendance at Petone Central School.

Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_