



# Petone Central School

16 Britannia Street, Petone  
office@petone-central.school.nz  
04 568 7974

## 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.

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, class blogs and in newspaper articles about the school).

Yes / No

## PRE-SCHOOL DETAILS

Pre School/Kindergarten/Kohanga Reo Attended:

Hours Per Week:

Number of Years Attended:

## SUPPORT

As a small school community we encourage parents & whanau to support the school. If you are able to support the school in any way please list below how you would prefer to support us (e.g., PTA, fundraising, sports coach, gardening, cooking for our breakfast club or tuck shop, classroom support, road patrol, parent help on school trips). Thank you!

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## 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: \_\_\_\_\_



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## COMPUTER AND I.T USER AGREEMENT

The purpose of this agreement is to ensure the safe use of I.T (Information Technology such as computers, laptops, i-pads, cameras etc.) whilst your child is enrolled at Petone Central School. Please take the time to go over the guidelines below and discuss these with your child.

### Information and Communications User Guidelines

- I know that I cannot use the equipment (laptops, computers, i-pads, cameras etc.) until this User Agreement has been signed.
- If I am unsure whether I am allowed to do something involving I.T, I will ask the teacher first.
- I will not use the I.T to do anything naughty, unkind, or dangerous.
- If I accidentally find dangerous or rude things on the I.T equipment, I will let the teacher know immediately.
- If I am not feeling safe while using the I.T equipment, I will tell the teacher immediately.
- I will log off and shutdown the equipment correctly when I have finished using it.
- I will not give out any personal information when using the internet (e.g., name, address, phone numbers).
- I will ask the teacher before changing any settings such as screensavers and backgrounds.
- I will tell the teacher immediately if I break or damage any equipment.
- I will tell the teacher if I find something broken when I start to use the equipment.
- I will not make or send viruses.
- I will not download any files or programmes (such as games or music) without the teacher's permission.
- I will ask the teacher before printing anything.
- I will not bring software or games from outside school to use on school equipment.
- I will not use school equipment to copy any music, videos or programmes.
- If I have anything to do with deliberately damaging, losing or stealing I.T equipment, I understand that the school will need to talk to my parents/caregivers about possible consequences and/or replacement of the item.
- If I am given a password, I will log on with only that password.
- I will not tell my password to anyone.
- I will not use my own device during school hours unless the Principal has given special permission.
- I will hand in any of my own devices that I bring to school to the office by 9am and collect them again at 3pm.
- If I break these rules/guidelines, my family will be notified and there might be consequences.

## Use of I.T Equipment

Petone Central School needs to get parental permission for the use of all I.T equipment. Please read and sign the form below and return it with your enrolment forms.

## Agreement

Students Name: \_\_\_\_\_

I agree that my child may use I.T equipment at Petone Central School.

Signed: \_\_\_\_\_ (Parent)

I agree to follow the rules/guidelines for I.T use at Petone Central School and I understand that if I do not follow these rules/guidelines that I will not be able to use the I.T equipment.

Signed: \_\_\_\_\_ (Student)