



# 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

### Parent/Caregiver 1:

Name:

Relationship to student:

Phone:

Email:

Address:

### Parent/Caregiver 2:

Name:

Relationship to student:

Phone:

Email:

Address:

## EMERGENCY CONTACT DETAILS

### **Emergency Contact Person 1:**

Relationship to student:

Home Phone Number:

Cell phone Number:

Work Phone Number:

Address:

### **Emergency 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 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 or Learning Needs** *(Please circle):*

Is your child able to independently toilet?

Yes / No

If no, please explain: \_\_\_\_\_

Does your child have medical condition/s or learning delays (asthma, allergy, food intolerance, epilepsy, eczema, ADD, ADHD, autism, development delays, speech delays 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

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

## SCHOOL LUNCH OPTION

Petone Central School does have the option for your child to receive a free school lunch daily.

Lunch is provided by a company called Kapura and will include a main meal (sandwich, burger, lasagne etc) component, fruit and a snack.

You can choose whether you would like your child to receive a free school lunch or whether you would prefer to provide your child with a school lunch from home. Please select your preferred option below.

If you or your child changes your mind on this decision later in the year, please let your child's teacher know so that we can correct our lunch order numbers, thank you.

I would like my child to receive a school lunch daily:

Yes / No

## DIETARY REQUIREMENTS

In order to ensure your child receives the correct food during events, class celebrations and for school lunches, please note any specific cultural or dietary requirements here (e.g., vegetarian, vegan, gluten free, no pork, no beef etc).

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