CCCC CARGILL SCHOOL

Ngākau Māhaki

Ngākau Kaitiaki

Ngākau Whānau

Ngākau Manaaki

PUPIL ENROLMENT FORM

PUPIL Legal Surname:		Gender:	Current Class/Year level:		
Legal First Names:		Birthdate: / /	Age:		
Preferred First Names: (If different from above)		Previous School/Centre:			
Eldest Child at this school:		Ethnic Groups Child Relates to: 1. 2.			
Address:		3. IWI / HAPU if applicable: (up to three)			
Phone:	Mobile:				
Email Address:	Wou	ld you like to receive our weekly newslette	r by email? Yes / No		
Residency / Citizenship?	Date NZ Entry /	Home Language:			
Country of Birth:					
PARENT / CAREGIVER (1) Title: Family Name:	First Name: Rela	ationship to Child:	Workplace:		
Residential Address: (if different from above)					
PARENT / CAREGIVER (2) Title: Family Name:	First Name: Rela	tionship to Child:	Workplace:		
Residential Address: (if different from above)					
Emergency Contact Names:	Relationship to Child:	Contact Phone:			
1 st		Mobile:			
	Relationship to Child:	Contact Phone:			
2 nd		Mobile:			
Doctor:	Phone:				
Name/s of Legal Guardian/s:					
Custody / Access Arrangements		Early Childhood Education Centre attended before starting school:			
		Name of Centre			
Extra Copy of School Report to:					
		Hours per week			
Court Order Issued? Yes / No / N/A If Yes, we will need a copy.		Did not attend any			
Health (Please list allergies, medication, v	ision, hearing, speech & other health issues)				

Please have the following documents with you when you enrol your child:

- Your child's birth certificate, and
- A copy of your child's immunisation record.

Consent:

By completing the section below you will assist the school in providing a safe environment for all of our students.

- □ I expect my child to meet the school's expectations of behaviour.
- I give permission for my child's school-work and / or photograph to be published in school publications, local papers, including the school's website and social media e.g. Facebook etc
- I give permission for my child to use the email and internet and accept that while the school will take reasonable action to ensure the safety of my child while using the internet, there is still some risk.
- I give the school permission to share information with specialists and other agencies when necessary.
- □ I will pay for the replacement or repairs of any damage that my child causes, including lost or damaged home readers or library books.
- I will pay the sports fee for my child (as set by the association) before the season starts and will return their uniform at the end of the season. I will pay to replace a uniform if I fail to return it.
- On enrolment I give permission for my child to accompany a delegated staff member for visits off site with the principal's consent.
- □ I give permission for Cargill School to obtain immunisation records for my child from the Doctor ______our family doctor.
- □ I agree that the school will take action on my behalf in case of sudden illness or injury.
- □ I consent to my child's vision and hearing being tested, if necessary.
- □ I agree to abide by school policies.
- I agree that the school may forward my child's name and address to a potential intermediate or secondary school.

Please have the following documents with you when you enrol your child:

Your child's birth certificate, and

A copy of your child's immunisation record.

Signed:

..... Date: / /

Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school.

The information collected may be disclosed to appropriate education, health and welfare authorities, and for data-gathering purposes by the New Zealand 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.

Office Use Only

Admission Number:	Year Level:	Teacher:
Date of Entry:	Additional Information:	
Enrol – Student Identification Number:		