



PARNELL DISTRICT SCHOOL EST. 1873

St. Stephens Avenue, Parnell, Auckland 1052, New Zealand
 Phone: (09) 379-3008, Fax: (09) 379-3942, Email: office@parnell.school.nz
 Website: www.parnell.school.nz

ENROLMENT FORM

Pupil Details

Family Name	Boy	Girl
First Names	Birth date Day / Month / Year	
Preferred Name	Country of Birth	
Home address	Home phone number	
Ethnic group	Iwi/ Rohe	
Previous School or Early Childhood Centre:		
Name (s) of other children at this school	Their current Year level	
Name of other children and age of family members likely to attend this school in the future and their birth dates. Name: _____ d.o.b. ___ / ___ / ___ Name: _____ d.o.b. ___ / ___ / ___	Place in Family: out of	
	Home Language(s)	
Immunisation Certificate: Yes / No	Custodial/Access Restrictions	
B4 School Check: Yes/ No	Yes/ No	
Has your child been involved with other agencies? Yes / No (e.g. Special Ed, CAAFS, Speech Therapy, Early Years Intervention)		
Please specify:		

<u>Office Use Only</u>	In Zone Y / N	Year Level
Enrolment documents sighted & copied	Immunisation Record <input type="checkbox"/>	Room No:
Passport or Birth certificate <input type="checkbox"/> Permission for panadol/pamol <input type="checkbox"/>	B4 School Check	Date Started School ___ / ___ / ___
	Hearing & Vision <input type="checkbox"/>	Date Started School here ___ / ___ / ___
	Dental forms	
Enrolment No _____ / _____	Enrol NSN	Teacher

Parent / Caregiver / Guardian Details

Mother / Guardian / Caregiver	Family Name: Mr/Mrs/Ms/Miss	First Name:
	Home Address	Cell Phone:
		Home Phone No:
	Email:	Work Phone No:
		Country of Birth:

Father / Guardian / Caregiver	Family Name: Mr/Mrs/Ms/Miss	First Name:
	Home Address	Cell Phone:
		Home Phone No:
	Email:	Work Phone No:
		Country of Birth:

**If not Parents – please explain your Guardian / Caregiver relationship to the enrolling child.
E.g. Grandparent, Uncle, Aunt etc.**

Emergency Contacts

(Someone other than parents, e.g. relative, friend, colleague). Someone who speaks your own language **and** English.
Is this person already associated with a child or family at this school? Y / N

Full Name: Mr/Mrs/Ms/Miss	Phone Number
Relationship to child:	Mobile Number
Full Name: Mr/Mrs/Ms/Miss	Phone Number
Relationship to child:	Mobile Number

Health

Doctor	Phone No
Allergies	
Medications	
Serious Health Problems:	
Hearing:	Speech:
Sight:	

ENROLMENT DOCUMENT

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child.

I approve the forwarding of this information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate school.

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

I agree to abide by school policies.

Name of parent/guardian: _____ **Signature of parent/guardian:** _____

Prior participation in Early Childhood Education (for 5 year olds only)

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?

Yes / No for the last _____ year(s).

Instructions:

1. If the child was attending more than one service at the same time, please enter hours per week for each service.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.
3. If the child's attendance hours varied, or you are uncertain, please enter an approximate or average number of hours per week.

Please enter the number of hours per week for up to three services	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand		<i>Only place a tick in the box/es at left as appropriate if section</i>	
h. Not regularly, only occasionally with no on-going schedule (Casual)			
i. Did not Attend			

Immigration Information

Confirmation of New Zealand Citizenship

1. NZ Birth Certificate:

2. NZ Passport:

STUDENTS FROM COUNTRIES OTHER THAN NZ WANTING ADMISSION

Parents who are in New Zealand on a Work Permit are entitled to have their school age children classed as domestic students. However, all foreign school-age children still need to have a Student Permit to be enrolled in school.

Date of Entering NZ / /	New Zealand Residency	Expiry Date:
Name of School Specified?	Student Visa	Expiry Date:

Refugee Status: Quota Refugee Other Refugee Immigration Letter Held Y / N

Parent/Caregiver Visa Details:

Parnell District School

ADDITIONAL INFORMATION

This information is used to help us understand your child's needs. You **do not** have to fill it in. You can choose to just do parts. It does help us understand your child better if we have good information about them.

Family Background

Are there any members of your child's family living somewhere else? Who are they? Where do they live?

What cultural festivals does your family celebrate?

Is there any food your child is not allowed to eat?

Any other information

Previous Schooling

How old was your child when they started school?

Previous Schooling Background

Name of School	Place	How long at this school

Family Background

Has anything happened to your child that might make him / her feel unsure or afraid?

What is your child good at and do they have any particular talents?

Academic

Social

Physical

Do you have any concerns about your child?

Academic

Social

Physical

What are your child's interests outside of school?

Languages

Family

What language / languages do you **speak** at home?

Child

What languages can your child **speak**?

Parental Support

Parental skills which may assist the school:

Are you able and willing to come into school and help?

Parnell District School and You

What do you feel Parnell District School can do for your child?

Why did you choose Parnell District School for your child?



Application for In-Zone Enrolment

I,
(First Name) (Family Name)

of Auckland do solemnly and sincerely declare as follows:

1. THAT I have read and understood the Parnell District School document titled "Parnell District School – Enrolment Information for In Zone Students" and I am aware that a student enrolled at Parnell District School **may** have his or her enrolment annulled should any breach of those requirements be found.
2. THAT I am the parent / guardian / caregiver of
.....
(Student First Name) (Student Family Name)
3. THAT I and the said (*student full name*) reside permanently at (*Full Address*) which is within the official Parnell District School Home Zone as described on documentation available through the school or on the school website.
4. THAT a temporary residence within the School's Home Zone has not been used for the purpose of gaining enrolment at the School.
5. THAT I am aware that it is an offence under the Crimes Act 1961 to knowingly make a false declaration.

Signed by _____

(Parent / Caregiver / Guardian) (Please print name) _____

Proof of Zoning Status

If you own the home you live in within the school zone we require:

A current Rates Invoice and Power/Telephone Account in the family name
(Note: P.O. Boxes are not accepted)

Sighted & copied

If you are renting we require:

Permission Form – please complete

I **do / do not** give permission for my child to go on trips within walking distance of the school.

I **do / do not** give permission for my phone number to be included in the school phone directory which is distributed to the school families.

I **do / do not** give permission for my child to be given Panadol / Pamol if required.

I **do / do not** give permission for the School to Act on my Behalf in the event of an Emergency (e.g. medical, civil defence, or other).

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Consent for Photographs

Published student content/images online.

Please be aware that Parnell District School is an e-learning school and at times your child's work/images may be published in online spaces, including but not limited to, the school newsletter, class blogs and the school website. The following conditions will apply:

1. Classroom and field-trip experiences may be published in public spaces online, for example class blogs, sports news, academic and cultural successes.
2. When student images are posted NO NAMES will be referenced.
3. No identifying characteristics about students (beyond first names attached to samples of work) will be published in spaces online.
4. Work produced for education purposes may be published in Onenote or Microsoft 365, with participants being invited, in order to encourage collaboration among students and teachers.
5. Comments on student work will be moderated by the teacher to ensure only appropriate information is shared and received. The comment function on class blogs will be locked giving teachers the option of allowing comments or disallowing those they deem inappropriate.
6. Online safety and appropriate behaviour will be emphasized whenever sharing student work online.

If you do not wish your child's image or work to be published online at all, please contact the office at office@parnell.school.nz