



MAUNGAWHAU SCHOOL

STUDENT ENROLMENT

OFFICE USE ONLY		<input type="checkbox"/> In Zone	<input type="checkbox"/> Out of Zone	<input type="checkbox"/> Proof of Residence	Copies to:	Entered:
Date received:	Year:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Office	<input type="checkbox"/> Pre-Enrol		
Date due to start:	Room:	<input type="checkbox"/> Immunisation	<input type="checkbox"/> Student Folder	<input type="checkbox"/> Full		
Enrolment						
Date started:	House:	<input type="checkbox"/> Passport / Visa	<input type="checkbox"/> ESOL	<input type="checkbox"/> ENROL		
Enrolment No:	D.O.B:	<input type="checkbox"/> Hearing and Vision	<input type="checkbox"/> Principal's Appointment			
NSN No:		<input type="checkbox"/> Medical	Date:	Time:		

STUDENT DETAILS

Legal Surname		Legal First Name	
Preferred Surname (if applicable)		Preferred First Name (if applicable)	
Gender		Date of Birth	
Address	Street Number: _____ Street Name: _____ Suburb: _____ Postal Code: _____		
Home No. (landline)		Language(s) Spoken at Home	
Country of Birth		Citizenship*	
Ethnicity		Iwi (if applicable)	
Cultural/Religious Beliefs	(Please detail any additional information that you wish the staff to be aware of)		
Date of entry to New Zealand (if applicable)		Past or current sibling's names who attend/ed Maungawhau School	
Lives with (please circle)	Both Parents	Mother	Father
	Stepmother		
	Stepfather		
Custody Arrangements	Yes/No (please circle) If yes: please specify and/or provide any supporting legal documents		

*Please provide copies of your child's passport and/or birth certificate. Copies of Visas or Immigration Documents if applicable.



PARENT/CAREGIVER DETAILS

CAREGIVER 1 (FIRST CONTACT)

Title	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Mother	Father	Stepmother	Stepfather	Other (please specify)	
Address (if different from child)	Street Number: _____		Street Name: _____			
	Suburb: _____			Postal Code: _____		
Home No. (landline)				Cellphone No.		
Email Address				Occupation		
Work No.				Company		

CAREGIVER 2 (SECOND CONTACT)

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Mother	Father	Stepmother	Stepfather	Other (please specify)	
Address (if different from child)	Street Number: _____		Street Name: _____			
	Suburb: _____			Postal Code: _____		
Home No. (landline)				Cellphone No.		
Email Address				Occupation		
Work No.				Company		



EMERGENCY CONTACT DETAILS (OTHER THAN ABOVE)

EMERGENCY 1

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Grandmother Nanny/Au Pair	Grandfather Other (please specify)	Stepmother	Stepfather	Aunty	Uncle
Home No. (landline)				Cellphone No.		
Work No.						

EMERGENCY 2

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Grandmother Nanny/Au Pair	Grandfather Other (please specify)	Stepmother	Stepfather	Aunty	Uncle
Home No. (landline)				Cellphone No.		
Work No.						

CONTACT PERSON WHO SPEAKS ENGLISH (IF APPLICABLE)

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Grandmother Nanny/Au Pair	Grandfather Other (please specify)	Stepmother	Stepfather	Aunty	Uncle
Home No. (landline)				Cellphone No.		
Work No.						



MEDICAL INFORMATION

Health Condition/s * Severe, Moderate or Mild (please circle)	(Please specify any medical conditions/allergies. Please include any supporting documentation)
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EDUCATION

Does your child attend an Early Childhood Service?	<input type="checkbox"/> Yes, for the last _____ year(s) <input type="checkbox"/> No, did not attend ECE Name of service: _____ Number of hours per week: _____ <input type="checkbox"/> Attended, but only outside New Zealand	Type of Service (please tick) <input type="checkbox"/> Playcentre <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Kindergarten <input type="checkbox"/> Playgroup <input type="checkbox"/> Home Based Service <input type="checkbox"/> Other _____
All previous Schools (either overseas or in NZ) and length of time at each school <small>(starting with the most recent)</small>		
Does your child receive any additional support for learning or behaviour?	(Please specify and include any additional information, including Ministry of Education Contact – if applicable)	
We value your family's languages and cultures. Please answer the questions below so we can support and foster these.		
Can your child read in his/her own language?		
Can your child write in his/her own language?		
Has your child learnt English before arriving here?	If yes, where did your child learn English? How long has your child been learning English for?	
Any Additional Information		
*Please provide documentation for information provided above if applicable.		



MAUNGAWHAU SCHOOL I.C.T AGREEMENT

Student's Legal Surname		Student's Legal First Name	
Preferred Surname		Preferred First Name	
Date of Birth			
I / We give permission for my child's photograph, name and work to appear on the Maungawhau School website .			Yes No
I / We give permission for my child's photograph and work to appear on the School Community Facebook page			Yes No
I / We will speak with my/our child about keeping passwords safe while online			Yes No
I / We will speak with my/our child about the need to inform teachers and/or parents immediately if they feel unsafe while online at school			Yes No
I / We will speak with my/our child about using their school email address (Years 3 - 6) for educational purposes only and understand that this account can be suspended/removed by the school if used inappropriately.			Yes No
I / We will speak with my/our child about not using personal information while online <ul style="list-style-type: none"> • No last names • No address • No contact phone numbers • No personal information about family, friends or staff 			Yes No
I / We give permission for my child's photo to appear on social media platforms.			Yes No
I / We give permission for my child to be filmed for classroom, school or media use.			Yes No
I / We give my child permission to be part of a video conference in the event of distance learning and ensure I will be in the room during the call to supervise.			Yes No

Signed: _____ Date: _____
Print Name: _____



MAUNGAWHAU SCHOOL PRIVACY ACT STATEMENT

COLLECTION OF PERSONAL INFORMATION

The information on this form is collected and used by the school to provide education for your child, and it is also used for associated school activities. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education, Ministry of Health and District Health Board) but it will not otherwise be disclosed without your authorisation.

You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Do you agree to your contact details being passed to the Friends of Maungawhau School (FOMS) for social and fundraising activities within the school? (please circle) Yes No

NOTICE TO CLASSROOM HELPERS

To classroom helpers/volunteers

It is necessary when helping in the classroom that you keep confidential any information that you obtain about the students in the classrooms and not discuss the students outside of the classroom with other people.

Signed: _____ Date: _____
Print Name: _____