



MAUNGAWHAU SCHOOL

2023 Out of Zone Application

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:		

BALLOT PRIORITY

Should a ballot be necessary, to determine out of zone placements at Maungawhau School, the details given in this application will be used in such a ballot. Applications for out of zone enrollments will be processed in the following order of priority: *(Please tick which priority you are applying under)*

- 1. Accepted for special programme *(Maungawhau School does not have a special programme running)*
- 2. Sibling of current student/s
- 3. Sibling of former student/s
- 4. Children of former student/s
- 5. Children of Board employees
- 6. All other applicants

Applicant's Full Name	
Applicant's Date of Birth	
Name of Former and or Current Student/s at Maungawhau School	
Approximate Attendance Date at Maungawhau School	
Have you applied out of zone at any other schools (if yes, what school/s)	

Parent/Caregiver Signatures: _____ Date: _____



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		
	Other (please specify)		
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. <i>(Please note: includes class dojo)</i>			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. <i>(Please note: video conferences are recorded)</i>			Yes No

Signed: _____ Date: _____
Print Name: _____



Consent Form (Sharing of Learning Support Information):

Why we are sharing information

Our school is part of a group of education providers that shares information to:

- identify children and young people who might need additional learning support
- ensure that the adults who work with children (such as teachers or teacher aides) have the skills and resources they need to support them
- decide what additional learning support would help children and young people, whether individually or in groups.

The Ministry of Education may use information on the register for the purpose of administration and analysis, for example to find out about the overall numbers of children requiring specific types of support. This will allow the Ministry to plan ahead for numbers of staff and specialists, and other services and types of support.

What information we will share

The members of our group of education providers (Eden/Albert School cluster*) and the Ministry of Education share information for a collective learning support register that contains:

- name, gender and ethnicity to identify support that reflects the child's identity, language and culture
- date of birth and year level, to identify support that is appropriate to their age
- the type of support needed
- any health issue, disability or learning difficulty that means a child needs particular types of support
- services and support they are already receiving

If you agree, we will put information about your child's additional support needs on the group's learning support register.

Who will see the information

Only a small group of people will have access to the register for the purposes explained in the first paragraph. It will include a school staff member with responsibility for learning support (e.g. special education needs coordinator), a resource teacher learning and behaviour, an early childhood representative and the learning support facilitator (a Ministry of Education staff member). These people will meet regularly to discuss the register and how best to respond to the needs of children and young people on the register. In some situations, other organisations may be able to help to determine the appropriate support for a child or young person. We will seek your agreement before other organisations are involved.

How we will keep the information safe

Any information will be transmitted and stored securely via password protected files, which only authorised people will be able to access. Information about children and young people no longer enrolled with an education provider in the community or no longer needing learning support will be removed from the group register quarterly.

How you can see and correct the information You can request access to the information through the school and may correct any inaccuracies.

What will happen if you don't agree to your child's information being shared

If you do not agree to your child's information being included on the register, we will still provide support for your child's needs within our school. But if your child's information is not on the register, they may not be able to gain early access to resources provided across the group.

You can decide to withdraw your consent at any time.



I agree to personal information about _____ (child's name) being included on the register and that information being shared with the group of people listed for the purposes explained above.

Signed: _____	Date: _____
Print Name: _____	

**Auckland Normal Intermediate, Balmoral School, Balmoral SDA School, Christ the King Catholic School, Cornwall Park District School, Edendale School, Elim Christian College (Mt Albert Campus), Epsom Normal School, Gladstone School, Good Shepherd School, Kohia Terrace School, Kowhai Intermediate, Marist School, Maungawhau School, Mt Albert Grammar School, Mt Albert School, Mt Eden Normal School, Newmarket School, New Windsor School, Our Lady Sacred Heart, Owairaka District School, Te Kura Kaupapa Māori o Nga Maungarongo, Wesley Primary School, Wesley Intermediate School*

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

Do you agree to your contact details being passed to the FOMS Class Liaisons for social and school/teacher related matters?

(Please circle) Yes No

Notice 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: _____	