

Karori Normal School

We encourage our children to be the best they can be "Tino pai ake"

Enrolment Form

(This application is for enrolment for those living within Karori Normal School zone.)

Se Se	PRE – ENROLMENT
Office Use	Date Received:
冒	ENROLMENT#:
	NSN #:

Mark N/A	A where information is not applicable	
	Legal Surname	Preferred Name
	First Name/s	Gender (circle one) Boy / Girl
	Address	Date of Birth / /
		Essential – originals Sight and copied Passport (Child) Passport (Parent/s) Visa documentation Child (if applicable.)
ō	Postcode	☐ Visa documentation Parent (if applicable.)
ΔA	Position in Family of children	☐ Proof of address ☐ Immunisation Certificate
FOR	Country of Birth Stude	nt Citizenship
STUDENT INFORMATION	NZ Citizenship Yes / No If no, date of entry into New Zeala	and
DEN.	Ethnicity 1Iwi/Hapu	1
STU	2	2
,	3	3
	First LanguageOther Language	
	Starting Date at Karori Normal School	
	Previous School	
	Date First Started School	
	Relationship to Child Mother/Father/Legal Guardian	Mother/Father/Legal Guardian
	Legal Surname	
	First NameMr/Mrs/Ms/Miss	Mr/Mrs/Ms/Miss
	Country of Birth	
Z	NZ Citizenship Yes / No	NZ Citizenship Yes / No
ATIC	If no, state your citizenship	
NAC	Address	
NF	(If different to child)	
CAREGIVER INFORMATION	Phone – Home	
EGIN	Work/Daytime	
CAR	Mobile`	
	Email	
	Child lives with ☐ Both Parents ☐ Mother ☐ Father	☐ Shared ☐ Caregiver Custody
	Legal Guardian/s	Relationship to pupils

		People you authorise to collect your child from school and provide care in the event of sickness/civil defence emergency; additional to parents/caregivers.
RE		Contact 1 Contact 2
		Full Name
Y CARE		Relationship To Pupil
EMERGENCY		Address
ERGI		
E		Phone – Home
		Work/Daytime
		Mobile
		Doctors Name
		Medical Centre Phone
		Please detail any medical condition/s and medication the school should be aware of. Please attach further information as required.
		Medical Conditions
A.		Medication
MEDICAL		Serious problems
Σ		Speech Allergies
		VisionHearing
		Regional Public Health carries out vision and hearing tests on some children. Do you consent to this? Yes / No
		Dental Clinic
		☐ I/We give permission for my child to be given Paracetamol at school.
_		Has your child had a B4 school Check? Yes / No
B4 SCHOOL	X	Health
SCH	CHECK	Development
8		Behavioural
NO NO		All primary schools are required to keep a register recording the immunisation status of all enrolled children
IMMUNISATION	ORD	Is your child immunised? Yes / No
S S	RECORD	Has he/she completed his/her immunisations? Yes / No
Σ		Please supply Immunisation Certificate from your Doctor or your child's Plunket Book (copy)
		Learning/behaviour
-	ь	
STUDENT	SUPPORT	Specialists needs, resources, agencies
STU	SUP	Other information/request

	Siblings currently attending Karori N	ormal School		
IIILY	Name		Year Level	
	Name		Year Level	
OTHER FAMILY			Year Level	
HER	Siblings likely to be attending this sc			
0			Date of Birth / /	
	Name		Date of Birth / /	
	Was Early Childhood Education regu	-	occasionally with no on-going schedule	
NO	Did your child attend an ECE service hours per week for up to three serv	e in the six months prior to starting school ices	? If yes, please enter the number of Service 1 Service 2 Service 3 (hrs/week) (hrs/week)	
ATI	Kohanga Reo Name:		(IIII) WOON) (IIII) WOON)	
\\	Kindergarten or Education and C			
A	Name:			
흔	Playgroup Name:			
\ <u>\</u>	The Correspondence School – T	e Aho o Te Kura Pounamu		
	Other:			
EARLY EDUCATION PARTICIPATION	Or, please tick the appropriate box b	elow only if section above is left blank		
_	☐ Attended, but only outside	e of New Zealand		
	☐ Attended, but don't know	what type of service		
	□ Did not attend			
	☐ Unable to establish if atte	nded or not		
	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 regarding your child. The records made from this information may be viewed on request. 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 principals of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.			
	Parent Approvals:			
	General Waiver:			
AL.	☐ I/We give permission for my child:			
PRIVACY APPROVAL	Park, Karori Library ar In the event of physica	cational trips. This would include the Record Karori Park. Il injury, to be transported to the Karori Messponsible for the costs incurred.		
SIVAC	Website Permission:			
P	□I/We give permission that my child policy/procedures.	's work and image may be used in accord	lance with the school's online publishing	
	☐ I/We give permission for my child's	3:		
	First name	Yes / No		
	Photograph	Yes / No		
	Photograph and name together Work	Yes / No Yes / No		

to appear in the school newsletter, website, seesaw, school social media and classroom blogs.

	KINDO	
	KINDO is our school payment system for donations, activities and trips,	fundraising items.
	☐ I/We agree that the school may share my contact details with KINDO	(Karori Normal School payment system).
AL.	PTA (Parent Teacher Association):	
PRIVACY APPROVAL	The Karori Normal School PTA is an active group of parents and teache (a) provide a link between the children, parents/caregivers and the school (b) bring the school community together in social or informative activitie (c) help raise funds to provide improved facilities and opportunities for r (d) encourage and support family involvement in school activities	ool s
	☐ I/We agree that the school may share my contact details with PTA.	
	Parent/Caregiver Signature	Date
	Parent/Caregiver Signature	Date
Welco	ome	
We welcome you to our school and would encourage you to make contact with one of the Deputy Principal's either before or after you have enrolled your child/ren. It is important that we meet you, and your child, where possible, personally before they start school.		
To ma	ake an appointment please contact one of the Deputy Principal's below.	
Carol Pilcher – Deputy Principal for Years 1 – 4 cpilcher@kns.school.nz Andrea Peetz – Deputy Principal for Years 5 – 8 apeetz@kns.school.nz		
Enroli	ment Checklist	
Please	e ensure that you have completed this enrolment form that Karori Norma	School and the Ministry of Education requires:
For al	Il students All sections of the above form completed (make N/A where information	not applicable).

For all	l students	
	All sections of the above form completed (make N/A where information not applicable).	
	Proof of address e.g. purchase agreement, tenancy agreement, rates or power bill.	
	Certified copy of New Zealand Birth Certificate or current passport (child) (we will photocopy this for you).	
	Certified copy of New Zealand Birth Certificate or current passport of parent/s (we will photocopy this for you).	
	An Immunisation Certificate completed by your doctor (please inform us if you have elected not to immunise).	
Stude	nts born in Australia	
	Certified copy of Australian passport	
Stude	nts born outside New Zealand	
	NZ Citizen: Certified copy of New Zealand passport or citizenship certificate.	
	If not a NZ Citizen:	

- **Student's** Passport, residency visa, diplomatic visa, work visa or current student visa.
- Parents' Passport, residency visa, diplomatic visa, work visa or current student visa.