



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.)

Office Use

PRE – ENROLMENT

Date Received: _____

ENROLMENT #: _____

NSN #: _____

Mark N/A where information is not applicable

STUDENT INFORMATION

Legal Surname _____

Preferred Name _____

First Name/s _____

Gender (circle one) Boy / Girl

Address _____

Date of Birth / /

- | | |
|---|--|
| Essential – originals
Sight and copied | <input type="checkbox"/> Birth certificate or
Passport (Child) |
| | <input type="checkbox"/> Passport (Parent/s) |
| | <input type="checkbox"/> Visa documentation Child
(if applicable.) |
| | <input type="checkbox"/> Visa documentation Parent
(if applicable.) |
| | <input type="checkbox"/> Proof of address |
| | <input type="checkbox"/> Immunisation Certificate |

Postcode _____

Position in Family _____ of _____ children

Country of Birth _____ Student Citizenship _____

NZ Citizenship Yes / No If no, date of entry into New Zealand _____

Ethnicity 1 _____ Iwi/Hapu 1 _____

2 _____ 2 _____

3 _____ 3 _____

First Language _____ Other Languages spoken at home _____

Starting Date at Karori Normal School _____

Previous School _____ City _____

Date First Started School _____ Current Year Level _____

CAREGIVER INFORMATION

Relationship to Child **Mother/Father/Legal Guardian**

Mother/Father/Legal Guardian

Legal Surname _____

First Name _____ Mr/Mrs/Ms/Miss

_____ Mr/Mrs/Ms/Miss

Country of Birth _____

NZ Citizenship Yes / No

NZ Citizenship Yes / No

If no, state your citizenship _____

Address _____
(If different to child)

Phone – Home _____

Work/Daytime _____

Mobile _____

Email _____

Child lives with Both Parents Mother Father
(please tick)

Shared Caregiver
Custody

Legal Guardian/s _____

Relationship to pupils _____

Court order issued Yes/No/NA

Copies of court orders attached

People you authorise to collect your child from school and provide care in the event of sickness/civil defence emergency; additional to parents/caregivers.

EMERGENCY CARE

Contact 1

Contact 2

Full Name _____

Relationship _____
To Pupil _____

Address _____

Phone – Home _____

Work/Daytime _____

Mobile _____

MEDICAL

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 _____

Medication _____

Serious problems _____

Speech _____ Allergies _____

Vision _____ Hearing _____

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.

B4 SCHOOL CHECK

Has your child had a B4 school Check? Yes / No

Health _____

Development _____

Behavioural _____

IMMUNISATION RECORD

All primary schools are required to keep a register recording the immunisation status of all enrolled children

Is your child immunised? Yes / No

Has he/she completed his/her immunisations? Yes / No

Please supply Immunisation Certificate from your Doctor or your child's Plunket Book
(copy)

STUDENT SUPPORT

Learning/behaviour _____

Specialists needs, resources, agencies _____

Other information/request _____

OTHER FAMILY

Siblings currently attending Karori Normal School

Name _____ Year Level _____

Name _____ Year Level _____

Name _____ Year Level _____

Siblings likely to be attending this school in the future

Name _____ Date of Birth / /

Name _____ Date of Birth / /

EARLY EDUCATION PARTICIPATION

Was Early Childhood Education regularly attended Yes, for the last _____ years?
 Not regularly, only occasionally with no on-going schedule
 No, did not attend ECE

Did your child attend an ECE service in the six months prior to starting school? If yes, please enter the number of **hours per week** for up to three services

Kohanga Reo Name: _____

Playcentre Name: _____

Kindergarten or Education and Care Centre

Name: _____

Playgroup Name: _____

The Correspondence School – Te Aho o Te Kura Pounamu

Other: _____

Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)

Or, please tick the appropriate box below **only if section above is left blank**

- Attended, but only outside of New Zealand
- Attended, but don't know what type of service
- Did not attend
- Unable to establish if attended or not

PRIVACY APPROVAL

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:

I/We give permission for my child:

- To attend all local educational trips. This would include the Recreation Centre, Karori Pool, Ben Burn Park, Karori Library and Karori Park.
- In the event of physical injury, to be transported to the Karori Medical Centre/or treated by the nearest doctor. I/We will be responsible for the costs incurred.

Website Permission:

I/We give permission that my child's work and image may be used in accordance with the school's online publishing policy/procedures.

I/We give permission for my child's:

- First name Yes / No
- Photograph Yes / No
- Photograph and name together Yes / No
- Work Yes / No

to appear in the **school newsletter, website, 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).

PTA (Parent Teacher Association):

The Karori Normal School PTA is an active group of parents and teachers who work together to:

- (a) provide a link between the children, parents/caregivers and the school
- (b) bring the school community together in social or informative activities
- (c) help raise funds to provide improved facilities and opportunities for members of the School community
- (d) encourage and support family involvement in school activities

I/We agree that the school may share my contact details with PTA.

Parent/Caregiver
Signature _____

Date _____

Parent/Caregiver
Signature _____

Date _____

Welcome

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 make an appointment please contact one of the Deputy Principal's below.

James Appleton – Deputy Principal for Years 1 – 4 jappleton@kns.school.nz

Andrea Peetz – Deputy Principal for Years 5 – 8 apeetz@kns.school.nz

Enrolment Checklist

Please ensure that you have completed this enrolment form that Karori Normal School and the Ministry of Education requires:

For all 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*).

Students born in Australia

- Certified copy of Australian passport

Students 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.