



APPLICATION FOR ENROLMENT

SECTION A: PERSONAL INFORMATION

PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Family Name:

First Names:

Preferred Name:
(if different from first name)

Date of Birth: A copy of the birth certificate is required

Year Level student will enter at Limehills School? (circle one)

NE	1	2	3	4	5	6	7	8
----	---	---	---	---	---	---	---	---

Expected admission date:

SECTION B: BACKGROUND INFORMATION

Ethnicity: You may tick up to three groups

<input type="checkbox"/> NZ European/Pakeha	<input type="checkbox"/> Australian	<input type="checkbox"/> German	<input type="checkbox"/> Other European
<input type="checkbox"/> NZ Maori	<input type="checkbox"/> African	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific People
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Dutch	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)

If you are NZ Maori, to which Iwi do you belong?

Are you a New Zealand resident:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, country of birth: <input type="text"/>
------------------------------	-----------------------------	--

Date of Arrival in N.Z. A copy of your visa/permit is required

SECTION C: STUDENT PROFILE INFORMATION

Current School:

Year Level:

Has your child been verified as an ORRS student? (tick the applicable box)

Very High Needs	<input type="checkbox"/>	High Needs	<input type="checkbox"/>	Declined on application	<input type="checkbox"/>
-----------------	--------------------------	------------	--------------------------	-------------------------	--------------------------

Does your child have teacher aide assistance? Yes If yes, how many hours?

Did your child attend an Early Childhood Centre? Yes If yes, how many hours per week?

Name of Early Childhood Centre: Age of child when they began:

SECTION D: CONTACT INFORMATION

Student's permanent address details:

Street Address:

Postal Address: (if different)

Details of parent(s) / caregivers living at the student's permanent address:

First parent/caregiver

Second parent/caregiver

Family name:

Title:

First name:

Relationship to student:

Occupation:

Home phone:

Work phone:

Mobile:

Email address:

*

*This will be the address we use for school communication

Invoices Reports Legal Guardian

Invoices Reports Legal Guardian

Details of parent(s) / caregivers who do not live at the student's permanent address:

First parent/caregiver

Second parent/caregiver

Family name:

Title:

First name:

Relationship to student:

Occupation:

Home phone:

Work phone:

Mobile:

Email address:

Invoices Reports Legal Guardian

Invoices Reports Legal Guardian

CUSTODY OR ACCESS CONDITIONS: Please provide relevant supporting documents where necessary.

Both Parents

Mother Only

Father Only

Shared Custody

Additional information:

SECTION D: CONTACT INFORMATION CONTINUED

Details of Siblings:

Name:	<input type="text"/>	Birthdate:	<input type="text"/>	Name:	<input type="text"/>	Birthdate:	<input type="text"/>
Name:	<input type="text"/>	Birthdate:	<input type="text"/>	Name:	<input type="text"/>	Birthdate:	<input type="text"/>
Name:	<input type="text"/>	Birthdate:	<input type="text"/>	Name:	<input type="text"/>	Birthdate:	<input type="text"/>

SECTION E: EMERGENCY CONTACT INFORMATION

Someone other than parents or caregivers

Family name:	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>
Relationship to student:	<input type="text"/>	<input type="text"/>
Home phone:	<input type="text"/>	<input type="text"/>
Work phone:	<input type="text"/>	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>

SECTION F: MEDICAL INFORMATION

Name of Family Doctor:	<input type="text"/>	
Phone Number:	<input type="text"/>	
Medical Conditions:	Medications at school?	Degree: (low, medium, high risk)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Would a discussion with school be beneficial in terms of managing any of these conditions? Yes No

Please give details of any issues with:

Hearing	<input type="text"/>	Hearing Aid? Yes <input type="checkbox"/>
Vision	<input type="text"/>	Glasses? Yes <input type="checkbox"/>
Speech	<input type="text"/>	
Learning	<input type="text"/>	
Behavioural	<input type="text"/>	

SECTION G: CONSENTS

By signing below, you are agreeing to the following:

We give permission for personal information to be used for education, administrative and research purposes.

We give permission for video or photographic images of our child and/or work to be reproduced for marketing purposes in newspapers, school newsletter, prospectus material and/or over the internet.

We give permission for my child to participate in Education Outside The Classroom (EOTC) activities which may require transport within Central Southland. Parental permission will be requested for activities that fall outside our school hours (9am to 3pm) or are further afield.

We give permission for my child's records being sent on to another school upon request.

We have read the school's cybersafety rules and will discuss these with my child.

Parent/Caregiver Name (Please print)

Parent/Caregiver Name (Please print)

Signature

Signature

Checklist:

Copy of Birth Certificate attached

Copy of Immunisation Record

Copy of Visa/Permit attached

Copy of supporting documentation surrounding custody/access

Copy of signed cybersafety use agreement

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(if applicable)

(if applicable)

(if applicable)

Key information for parents:

- A full A-Z of our day-to-day procedures is available in our New Entrant Pack and on our website.
- We enjoy camps to Bluff Marae (Y3 or 4), Stewart Island (Y5 or 6), Wellington (Y7) and Deep Cove (Y8). Fundraising activities are required to ensure these camps go ahead with generally acceptable costs to all families. Please support these fundraising endeavours. The Wellington and Stewart Island Camps are more expensive, but drawing parents' attention to these camps on enrolment helps ensure there are no surprises! Please talk to school staff if you have any concerns about your school account.
- For our overnight camps, all parent helpers require police vetting. We will contact you with more information prior to these camps taking place.
- We have an open door policy and warmly welcome family members into our school. We strongly encourage you to approach us if you have any concerns, or require any clarification. Our concerns and complaints procedure is available in our New Entrant Pack and on our website.

OFFICE USE ONLY

Enrol #:	<input type="text"/>	<input type="text"/>
Student NSN:	<input type="text"/>	<input type="text"/>
Birth Certificate #:	<input type="text"/>	<input type="text"/>
Visa/Permit #:	<input type="text"/>	<input type="text"/>
House:	<input type="text"/>	<input type="text"/>
Google account:	<input type="text"/>	<input type="text"/>
Bus Run:	<input type="text"/>	<input type="text"/>

Immunisation record:	<input type="checkbox"/>
Health plan:	<input type="checkbox"/>
Custody/Access documents:	<input type="checkbox"/>
Contact List	<input type="checkbox"/>
Class Lists updated:	<input type="checkbox"/>
Seesaw updated:	<input type="checkbox"/>
VisTab updated:	<input type="checkbox"/>
Cybersafety agreement:	<input type="checkbox"/>