

# Koromatua School



## CHECKLIST

[ ] Enrolment Form

[ ] Proof of Citizenship

Please provide either a Birth Certificate, Passport or Citizenship Certificate. (This is only required if you have not enrolled at another NZ school.)

[ ] School Zone proof of address

*We will accept a **current electricity account in your name** or if recently moved into the zone a rental agreement or sales & purchase agreement (to be followed up with an electricity account)*

*You must be residing at this address at the start of the enrolment and have intention to be resident in zone for the duration of your child's enrolment.*

*If it has been some time since enrolling and starting school then a follow up electricity account may be asked for.*

[ ] Immunisation Certificate

[ ] Student Computer and Internet Acceptable Use Agreement.

[ ] General Permissions

# Koromatua School

## Student Enrolment Form

355 Koromatua Road, RD10, Hamilton, 3290

Phone (07) 847 9828, Email: enquiries@koromatua.school.nz



### STUDENT DETAILS

**Legal Surname** \_\_\_\_\_

*Preferred Surname (if different from above)* \_\_\_\_\_

**All first name/s** \_\_\_\_\_

*Preferred name (if different from above)* \_\_\_\_\_

**Gender** \_\_\_\_\_ **Date of Birth** (dd/mm/yy) \_\_\_\_\_

*(Birth Certificate to be copied upon enrolment, if first NZ School)*

**Country of birth** \_\_\_\_\_

**NZ Citizen** Yes / No (copy of Birth Cert or Passport if required)

**Non Citizen** Yes (copy of Passport & Visa required)

**Date NZ Entry** (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (required if not born in NZ)

**Language spoken at home** \_\_\_\_\_

**Student will be eldest at this school?** ☐ Yes ☐ No

If No, please name older brothers/sisters who are attending school

### FOR OFFICE USE ONLY

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Student Enrolment No:** \_\_\_\_ / \_\_\_\_

**MOE Year:** \_\_\_\_ **Room #** \_\_\_\_

**Teacher:** \_\_\_\_\_

**MSN #** \_\_\_\_\_

**Birth Cert#** \_\_\_\_\_

**Passport #** \_\_\_\_\_

**Roopu** \_\_\_\_\_

etap ☐ ENROL ☐ Newsletter ☐

**Proof of Address:** Yes / No

**Immunisation:** Yes / No

**Internet Permission:** Yes / No

**Out of zone approval:** Yes / No

### PARENT/GUARDIAN DETAILS and Emergency Contacts

☐ It is my/our intention to reside within the Koromatua school enrolment zone for the duration of my child/ren's enrolment.

**Mother/Guardian:** **Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Lives with?**

☐ Yes

☐ No

*If not Mother, please indicate relationship:* \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Father/Guardian:** **Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Lives with?**

☐ Yes

☐ No

*If not Father, please indicate relationship:* \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Contacts:** **Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Phone (home):** \_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_ **Phone (mobile):** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

### CUSTODY ACCESS

**Court order issued?** Yes / No / NA *Attach further info as required*

## EARLY CHILDHOOD EDUCATION (only for New Entrant Enrolments)

Please indicate any Early Childhood education this student has received (if just starting school this year)

- ☐ Kohanga Reo
- ☐ Playcentre
- ☐ Kindergarten or Early Childhood Education Centre
- ☐ Home Based Service
- ☐ Attended, but only outside New Zealand
- ☐ Did not attend any service

- ☐ Attended regularly for the last \_\_\_\_\_ year/s
- ☐ Not regularly, only occasionally

Approx number of hours per week \_\_\_\_\_

Name of Center: \_\_\_\_\_

## ETHNIC GROUPS

Choose up to three Ethnic Groups:

- ☐ New Zealand Maori—Please indicate Iwi Affiliation

1. \_\_\_\_\_

2. \_\_\_\_\_

- ☐ NZ European/Pakeha

- ☐ Other European \_\_\_\_\_

- ☐ Pacific Islands (specify) \_\_\_\_\_

- ☐ Asian (specify) \_\_\_\_\_

- ☐ Other (specify) \_\_\_\_\_

## DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## HEALTH INFORMATION—Please outline any health problems or medication

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/ Medical Condition's \_\_\_\_\_

Medication \_\_\_\_\_ ☐ OK for Pamol

Vision/Speech/ Hearing or any other concerns \_\_\_\_\_

My child is (please tick): ☐ Fully Immunised (Please provide Immunisation Certificate) ☐ Not Immunised

## PREVIOUS SCHOOL AND LEARNING/BEHAVIOUR NEEDS

Student is transferring from: \_\_\_\_\_ Year Level : \_\_\_\_\_

Previous NZ School Report Provided with Enrolment: ☐ Yes ☐ No

Learning / Behaviour Needs:

Specialist Needs / Resourcing / Agencies:

Please note if your child is accepted, our school only offers a Teacher Aide for the hours allocated by the MOE.

A transition period and plan will be put in place and your child will not start full days on enrolment.

We will set a meeting time with you at our next convenience, with observations, to make sure our kura is the right fit for your child.

Has your child been stood down, suspended or excluded from another school? ☐ Yes ☐ No

If Yes, what was the reason?

## PARENT / CAREGIVER DECLARATION

**I/We acknowledge** that the information is true and correct in every particular and will be relied upon by the school. It is my intention to live within the Koromatua School zone for the duration of my child's enrolment. If information is found to be false by the school, then school reserves the right to annul enrolment.

**I/We agree** that our child shall abide by all School Rules and Regulations.

**I/We understand** and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Koromatua School.

If our child requires short term medication e.g. Cough syrup/ antibiotics, I/We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container. The dosage, expiry date and other relevant information (e.g. store in fridge).

In the event of accident or sudden illness, I/We authorize the staff of Koromatua School to obtain such medical assistance as may be necessary.

**I/We understand** that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential secondary school.

**I/We understand** that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. I/We agree to update our contact details should they change.

**I/We also agree** to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

**Consent for EOTC Events** I/We give permission for my child to participate in walking trips to events in our local community. I/We understand that the school will follow EOTC Policy and Guidelines to ensure the safety of students participating in these events. I/We understand that this consent applies to my child for the duration of their enrolment at Koromatua School.

**Signature:**

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**Date:** \_\_\_\_\_

# **Student Computer and Internet Acceptable Use Agreement**



**Please talk with your child and help him/her understand his/her responsibilities:**

- The school computers and other electronic devices are to be used to help me learn.
- The school will do its best to keep me safe while using the Internet and I will also do the best I can to keep myself safe.
- I may use the Internet or email at school only if there is a teacher in the room and only if I have teacher permission.
- I will not send emails or other messages that contain bad language or that other people may not like.
- I know that if I see or read something that doesn't make me feel good, I turn the screen off and tell the teacher. I will not show bad things to others if I find them.

**I understand how important it is to:**

1. Take care of the Computer and Technology equipment.
  - I will keep food and drink away from equipment.
  - I won't run, throw or play with sports gear near the equipment.
  - I will respect copyrights on software and music.
  - I will use only school software on the school computers & devices.
2. Be considerate of other users.
  - I will share the equipment.
  - I will be careful not to waste paper and printer ink.
  - I will not show pictures, type messages, or record or play sounds which others would not like.
3. Be responsible for privacy and security.
  - I will not give anyone on the Internet my name, address or any information about me or my friends.
  - I will not download and install anything off the Internet without my teacher's approval.
  - I will not use usb's or other memory devices from home on the school computer.
  - I will tell the teacher if I come across a virus or other problem.
  - I will not open files if I do not know what they are for.

I have read this agreement with my family and I understand the importance of it.

I know that if I do not follow these rules, I may lose the right to use a school computer.

## **Parents/Caregivers**

I have read this agreement and understand that my child is responsible for using school equipment and the internet as outlined here.

I have gone through this Agreement with my child and explained its importance, and that there may be consequences for breaking the Agreement.

I understand that while the school will do its best to restrict students' access to internet or email material that is offensive, dangerous, illegal, or inappropriate to school, it is the responsibility of my child to have no involvement in such material.

Student Name ..... Parent's Name.....

Student's Signature..... Parent's Signature.....



## General Permissions

Student's Name \_\_\_\_\_

I give permission for my child:

- |   |     |    |
|---|-----|----|
| • to see the Dental Therapist   | Yes | No |
| • to be seen by hearing and vision people   | Yes | No |
| • to be seen by the Public Health Nurse   | Yes | No |
| • to have the school administer sunscreen and basic first aid   | Yes | No |
| • to be taken out of the school grounds for sporting or educational activities, such as swimming sports, cross country, sport competitions, academic competitions, educational exhibits, and so on.                                     | Yes | No |
| • to have his/her individual photo, achievements or work to be shown in the school newsletter, school facebook site, school website, class blogs, local media, DVD's of class or school activities.. e.g. school production, kapa haka. | Yes | No |

In the event of activities which are for longer than one day/or present greater risk to the students, the school will still request signed parent permission for these activities.

I accept that all possible risks have been assessed by Koromatua School and that my child's safety is given priority but the teachers.

By signing this generic permission form I understand that the return of individual permission slips for each and every event is not required. **I will still be advised of these advents via the school/class newsletter or individual notices and I will be able to change my mind at a later date for any event.**

Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_