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| **GREENMEADOWS SCHOOL**  **APPLICATION FOR ENROLMENT** | | | | | |
| **STUDENT DETAILS** | | | | | |
| Family Name: First Names: Male    Female | | | | | |
| Address: | | | | Post Code: | |
| Home Phone No: | | Date of birth: | | Ethnic  Group: | |
| If NZ Maori  Iwi 1: | | Iwi 2: | | Iwi 3: | |
| Country of  Birth: | | First  Language: | | Other spoken  Languages: | |
| School currently attending  Or last attended: | | | | Year level: | |
| Family doctor’s name: | | | | Phone: | |
| Any medical conditions/special needs/learning difficulties we should know about? | | | | | |
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| Prior Participation in Early Childhood Education: (Please circle)  Kindergarten Playcentre Home based Kohanga Reo Playgroup  Name of organisation attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many years attended at Early Childhood Education: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **For non – New Zealand residents only** | | | | | |
| Date of first entry into NZ: ………………………………………………..  Passport sighted by school office: Visa expiry date: ……………………………………… Document Number:……………………………………… | | | | | |
| Type of Immigration Permit*: (e.g. Permanent residence, Parent Work Permit, Student Visa, Visitor’s Visa)* | | | | | |
| **PARENT / CAREGIVER DETAILS** | | | | | |
| Primary Caregiver Name: *Mr / Mrs / Ms / Ms / Dr*  *(First name & Surname)* | | | Secondary Caregiver Name: *Mr / Mrs / Ms / Ms / Dr*  *(First name & Surname)* | | |
| Relationship to child: | Ethnicity: | | Relationship to child: | | Ethnicity: |
| Address: | | | Address: | | |
| Home phone number: | | | Home phone number: | | |
| Email address: | | | Email address: | | |
| Occupation/ Place of work: | | | Occupation/ Place of work: | | |
| Work phone number: | | | Work phone number: | | |
| Mobile phone number: | | | Mobile phone number: | | |
| Does child live with both parents? Yes / No | | | If no, state who child lives with: | | |
| Do both parents have access to child? Yes / No *(Legal documentation is required to support any access/custody arrangements)* | | | | | |
| **Emergency contacts:** Please provide **2** emergency contacts who are **not** parents/caregivers. | | | | | |
| 1. Emergency name and phone number: Relationship to child: | | | | | |
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| **ENROLMENT CHECKLIST:** |
| For enrolments the school needs to establish the student’s residence within its zone.  Please ensure you provide the following:   1. Copy of current electricity/phone/sky account is attached. (In zone applicants only.) 2. Copy of the student’s birth certificate, if born in New Zealand, is attached. 3. If not born in New Zealand, passport must be sighted and copied by the Greenmeadows School office. 4. Date of first entry into New Zealand completed if applicable. 5. Immunisation information completed. *(Refer Medical/Health Form attached)* 6. Enrolment Information Disclosure Declaration signed below.   **NB: APPLICATION CANNOT BE ACCEPTED UNLESS ALL DOCUMENTATION HAS BEEN SUPPLIED** |

**ENROLMENT INFORMATION DISCLOSURE**The information set out on the Application for Enrolment form relating to prospective students is requested because the school needs to know certain matters about applicants for administrative and educational purposes. This information is subject to certain protections under the Privacy Act 1993 and the school will only use this personal information for these administrative and educational purposes.

*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 on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.*

*PARENTS APPROVALS: I agree that the school will take action on my behalf in case of sudden illness or injury. I give permission for the school to publish original work produced by my child on the school website or social media in accordance with the school’s policy. I agree to abide by school policies. I agree that the school may forward my child’s name and address to potential secondary schools.*

Please note that this is an application for enrolment only. Applications will be accepted according to Ministry of Education guidelines.

1. School donations are set annually by the Board of Trustees. These donations enable the school to provide a range of further educational benefits to students. The school appreciates the contribution made by parents through their school donations but notes that this is a donation and is therefore not compulsory.
2. Students and parents of Greenmeadows School are expected to follow the school rules and adhere to school policy.
3. All students are expected to wear the correct school uniform at all times.
4. Working in an online environment is an integral part of student learning at Greenmeadows School. While the school will do its best to restrict access to inappropriate websites, the student must take responsibility for, and abide by the school’s Cybersafety Agreement.
5. All students are required to arrive at school on time for school at 9:00 a.m. Any absence is to be notified by the parent/caregiver by ringing, texting or emailing the school office as early as possible.
6. While due care is exercised the school cannot accept liability for personal injury, loss or damage to student’s property.
7. In signing this application for enrolment, I understand that the information in this application is true and correct.

DECLARATION

I ………………………………………………………………………….. have read, understood and accept the above.

Signed ………………………………………………………………… Date ………………………………………………

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| *Office use only:*  *Year: ………………….. Room: ……………….. Admission No:…………….……….. Admission Date:……………..………..* |
| *NSN Number:………………………………..………….* |