

|   |                 |   |   |                               |
|---|-----------------|---|---|-------------------------------|
| Legal Surname:  |                 | Boy / Girl  | Birthdate:     /     /  |                               |
| Legal First Names:  |                 | Previous School   |   | Year level<br>1 2 3 4 5 6 7 8 |
| Preferred Surname:  |                 | Preferred First Name:   |   |                               |
| Eldest child at this school   | Place in family | Ethnic groups child relates to<br>1.<br>2.<br>3.  |   |                               |
| Address   |                 | Proof of address must be provided   | Iwi<br>1.<br>2.<br>3.   |                               |
| Phone:  | Email:          |   | Bible in Schools – please complete the enclosed yellow permission form  |                               |
| Non New Zealand Residents only<br>Passport photocopied by office:    Yes / No   |                 | Date NZ entry:<br>Visa Expiry date:   |   |                               |
| Do you wish to be a volunteer at school? eg school trips, help in the classroom, PMP. If so please complete the enclosed Police Vetting form<br>We need to sight two forms of ID – one with photo identity<br><span style="float: right;">Yes / No</span> |                 |   |   |                               |
| <b>Parent/Caregiver details –</b>   |                 |   |   |                               |
| Title   | Family name:    | First name  | Title   | Family name:                  |
|   |                 |   |   | First name                    |
| Address (if different from above)   |                 |   | Address (if different from above)   |                               |
| Relationship to child:  |                 |   | Relationship to child:  |                               |
| Home ph no:   |                 | Mobile:   | Home ph no:   |                               |
|   |                 |   | Mobile:   |                               |
| Occupation:   |                 |   | Occupation:   |                               |
| Place of work:  |                 |   | Place of work:  |                               |
| Work ph no:   |                 |   | Work ph no:   |                               |
| <b>Emergency contacts – not parents/caregivers</b>  |                 |   |   |                               |
| 1 <sup>st</sup> Name:   |                 | Relationship to child:  | 2 <sup>nd</sup> Name:   |                               |
| _____   |                 | _____   | _____   |                               |
| Ph no.  |                 | Mobile:   | Ph no.  |                               |
|   |                 |   | Mobile:   |                               |
| Doctor:   |                 | Phone no.   | Custody arrangements – do both parents have access to child?<br>Yes / No<br>Legal documentation id required to support any custody arrangements |                               |
| Health (attach separate sheet if more space required)   |                 | I consent to my child's vision and hearing being tested<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | Immunisation Certificate      |
| Allergies:  |                 | Vision:   |   | Sighted    Yes    No          |
| Medication:   |                 | Hearing:  |   | Completed    Yes    No        |
| Speech:   |                 | Serious Problems:   |   |                               |
| Other Details (learning behaviour needs)  |                 |   |   |                               |
| Names of members of family likely to be attending this school in the future   |                 | 1. _____ Birthdate:     /     /   |   |                               |
|   |                 | 2. _____ Birthdate:     /     /   |   |                               |

**Prior-participation in Early Childhood Education**

**Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?** Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

| Please enter the number of <b>hours per week</b> for up to three services: | Service 1 (hrs/week) | Service 2 (hrs/week) | Service 3 (hrs/week) |
|--|----------------------|----------------------|----------------------|
| a. Kōhanga Reo   |                      |                      |                      |
| b. Playcentre  |                      |                      |                      |
| c. Kindergarten <i>or</i> Education and Care Centre                        |                      |                      |                      |
| d. Home based service  |                      |                      |                      |
| e. Playgroup   |                      |                      |                      |
| f. The Correspondence School – Te Aho o Te Kura Pounamu                    |                      |                      |                      |

Or

| Please tick the appropriate box                  |  |
|--|--|
| g. Attended, but only outside New Zealand        |  |
| h. Attended, but don't know what type of service |  |
| i. Did not attend                                |  |
| j. Unable to establish if attended or not        |  |

**Did the child regularly attend Early Childhood Education?**

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last \_\_\_\_ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

**Parental Consent – what we need your approval for –**

- **Information Gathering/Sharing**  
I authorise Beachlands School to obtain all reports, records and information relating to my child from all previous schools of which they were enrolled. I also authorise Beachlands School to pass on any requested information to legitimate educational institutions that my child may move to.
- **Parent approval:**  
I agree that the school will take action on my behalf in case of a sudden illness or injury as considered necessary by medical authorities should all parental contact options be exhausted.  
I agree to abide by school policies.  
I agree that the school may forward my child's name and address to a potential secondary school.  
I will inform the school as soon as possible of any changes in medical circumstances.  
I will inform the school of any changes in address and telephone numbers.  
I will provide my child's birth certificate or passport for verification. (New entrants only)  
I will provide my child's immunisation certificate. (New entrants only)  
I will provide my child's passport if arriving from another country for verification.
- **Publication**  
In the interest of safety and security Beachlands School requires parental permission for the publishing of student's names or photographs on our website, newsletters and local paper.  
I give permission for my child to go on all school trips and attend in-school performances.  
I give permission for my child's work, first name only and photo to be published on websites, in newspapers and newsletters in order for the school to promote the positive achievements of the children.  
I give permission to my child using, with supervised access, the internet for class related programmes.
- **Cyber-Safety Use Agreement**  
I have read the Cybersafety Use Agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment. I am also aware of the need to make my child aware of safe use of computers and the internet. I give permission for my child's safe use of computers and the internet on this basis.
- I have read the above and give my permission

\_\_\_\_\_  
Signature - Parent/Caregiver

\_\_\_\_\_  
Name – please print

\_\_\_\_\_  
Date

**Office use only**

|                                |                          |       |             |         |           |            |
|--------------------------------|--------------------------|-------|-------------|---------|-----------|------------|
| Birth certificate photocopied  | <input type="checkbox"/> | House | Class level | Teacher | Enrol No. | Start Date |
| School information pack issued | <input type="checkbox"/> |       | Room No.    |         |           |            |
| Health card issued             | <input type="checkbox"/> |       |             |         |           |            |