



COASTAL TARANAKI SCHOOL

Carthew Street, P O Box 8, Okato, Taranaki 4348

Ph: 06 752 4022 / Fax: 06 752 4155 / office@coastaltaranaki.school.nz

Application for Enrolment

Student Information

Surname

First Names

Preferred First Name

Date of Birth

Day

Month

Year

Male / Female

Country of Birth
(Please include Birth
Certificate)

Ethnic Group:
(European, Maori, Pacific Islander etc)

If Maori, please indicate Iwi:

Status

New Zealand Citizenship

New Zealand Residency

Full Fee Paying Overseas

First Language

English

Maori

Other

Year Level:

Calendar Year of Entry:

Current School attending

Does the child attend one or more Early Childhood Education Service(s)?
(please state type of Service. eg, Kindergarten, Playcentre, etc)

Weekly hours

Has the child regularly attended the Early Childhood Education Service?

Yes, for the last _____ year(s)

Not regularly

Date to start at School:

Family Information

Mother / Caregiver 1 Details

Mrs / Ms / Miss

Name:

First Name

Surname

Residential Address:

Postal Address: (if different from above)

Post Code: _____

Phone: (h) _____

(w) _____

Mobile: _____

Fax: _____

Email: _____

Occupation: _____

Father / Caregiver 2 Details

Name:

First Name

Surname

Residential Address:

Postal Address: (If different from above)

Post Code: _____

Phone: (h) _____

(w) _____

Mobile: _____

Fax: _____

Email: _____

Occupation: _____

Students Lives with: Mother Father Guardian Specify Relationship _____

If parents are not living together, please describe access and living arrangements for the student:

Other Contact

Name of person to contact in emergency (if parents are unavailable)

Name: _____

Phone: _____

Address: _____

Mobile: _____

(Relationship to Student) _____

Please indicate if the student will be travelling to school by bus:

Yes / No

Please supply names if the student has siblings currently at this school:

Name: _____ Age: _____ Year Level: _____

Please supply names if the student has any pre-school siblings that are likely to attend this school:

Name: _____ D.O.B _____

Health

General Health: *(please circle)* EXCELLENT GOOD POOR

Impairments: Vision: Yes / No Speech: Yes / No Hearing: Yes / No

Any Medical Conditions:

Medication required/ Allergies:

Special Education Requirements:

Immunisation Record

Hepatitis B Polio HIB Diphtheria Rubella Tetanus
Whooping Cough Measles Mumps or Full Vaccinated
(Please enclose Certificate)

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

I give my consent for my child to be given Panadol by school staff if needed during school hours **Yes / No**

Co-Curricular Involvement

Please give some details of special skills and interests: (e.g, sporting, cultural interests, music, dance, drama and successes)

I give my consent to use my child's photo being used to publicity purposes: **Yes / No**

LIFE FOCUS: I give my consent for my child to attend the Christian Based Life Focus Programme which is held for Year levels 1-6 for 30 minutes, one a week **Yes / No**

PERSONAL INFORMATION AND THE PRIVACY ACT (1993)

Coastal Taranaki School collects and keeps a large amount of personal information about each student. The Privacy Act 1993 protects the information you give the School and details conditions under which personal information can be obtained, used, stored and exchanged with other interested parties. The School has policies and procedures which reflect the twelve Privacy Principles as set out in the Act to protect this information.

The School collects personal information from its students so that they can be enrolled at the School, have their attendance and progress recorded, be entered for examinations, or be contacted. The School also collects information about the caregivers of the students so that they may be informed of student progress, or contacted by the School and because the safety of the students is important.

Personal information may be disclosed to other education agencies, such as the Ministry of Education and the New Zealand Qualifications Authority, and to Government agencies such as the New Zealand Police if they demonstrate a statutory right to obtain it. Personal information may be retained by the School after the student leaves in order for the School to maintain a list of past students.

Under the Privacy Act 1993 you have the right of access to all personal information held by the School about you. You also have a right to ask the School to correct any information held which is inaccurate. You can exercise that right by applying to the School.

You also have an obligation to advise the school if/when any of the personal information you have provided changes.

PARENT/CAREGIVER DECLARATION

I hereby make application to enrol the above student at Coastal Taranaki School under the terms and conditions set by the Board from time to time.

I guarantee that the student will attend regularly, and I agree that he/she will be subject to the school's rules and I will endeavour to see that he/she obeys them. I also certify that all information entered on this enrolment form is factually correct.

Signature: _____ Date: _____

CHECK LISTS:

Have you enclosed:

- Copy of Birth Certificate (or if not a NZ resident, a copy of passport and visa immigration status)
- Immunisation Certificate
- Recent School Report from previous school

OFFICE USE ONLY

Enrolled by _____ Date: _____

Date entered into KAMAR: _____

Date entered into ENROL: _____