Coastal Taranaki School

92 Carthew Street, P O Box 8, Okato, Taranaki 4348
Phone: 06 752 4022 / Cell phone: 027 320 1267 / office@coastaltaranaki.school.nz

Application for Enrolment

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:

New Zealand Citizenship New Zealand Residency Full Fee Paying Overseas

First Language English Maori Other

Year Level: Calender Year of Entry:

Current School attending

Has your child been for their Before School check? Yes No

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 My child is not vaccinated: ☐

Hepatitis B ☐ Polio ☐ HIB ☐ Diphtheria ☐ Rubella ☐ Tetanus ☐

Whopping 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**
(Parents/ Caregivers will be contacted if your child is given panadol)

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. T*hese contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.*

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 understand that a condition of enrolment is that this student will abide by the rules of the school, especially the requirements <u>of punctual and consistent attendance</u>, <u>correct uniform and acceptable behaviour</u> 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.

Please note: The School accepts responsibility for enrolled students once they have entered the school grounds until they exit at 3.10pm or once they have embarked on a school bus to or from school.

Why have you considered CTS as your school of choice:

Siblings at school		Recommendation		Website		Advertising	

Signature: _____ Date: _____

CHECK LISTS:
Have you enclosed (please tick):

- ☐ A signed and completed School Bus Code of Conduct
- ☐ 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: _____

Coastal Taranaki School

Key information required at time of Enrolment interview

Has your child been under a Paediatrician before or at this time?

_____

Any support agencies involved with your child, e.g MEd, RTLB or Early Interventions Teacher or Speech & Language Therapist

_____

_____

History of Learning, behaviour or other issues, e.g SPELD, RTLB, Kip McGrath

_____

_____

Have you received any extra support at previous school or needed it e.g Teacher Aide, Reading Recovery

_____

_____

I/We give consent for Coastal Taranaki School to contact other agencies if required

_____ _____

Name of Caregiver *Signature*

_____

Dated