



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 Male / Female
Day Month Year

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: Calendar 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

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**
(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. *These 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 of punctual and consistent attendance, correct uniform and acceptable behaviour 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	
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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: _____