

Stanhope Road School

In-Zone Enrolment Form



OFFICE USE

Rm No:	Entry Date to SRS:	Whānau Group:
Year:	Enrolment No:	eTAP: <input type="checkbox"/>
Teacher:	NSN No:	ENROL: <input type="checkbox"/>

STUDENT DETAILS

Surname/Family Name:	First/Given Name(s):	Date of Birth:
	Preferred Name:	Gender: M / F
Street Address:	Suburb:	City: Postcode:
Place in Family (eg 1/2): /	Name of Eldest Child at School:	Ethnicity:
Iwi/Hapu:	Home Language:	Other Languages Spoken:
Country of Birth:	Passport No:	NZ Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Citizenship:	Birth Cert No:	NZ Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Entry to NZ:	Student Visa/Permit Date of Issue:	Student Visa/Permit Date of Expiry:
Date Started Any School:	Current Year Level:	Previous School:

PARENT/CAREGIVER

Title:	Surname/Family Name:	First/Given Name(s):	Relationship to Child:
Residential Address: (if different from above)			Email Address:
Country of Birth:	NZ Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No:	Work No:	Occupation:	

PARENT/CAREGIVER

Title:	Surname/Family Name:	First/Given Name(s):	Relationship to Child:
Residential Address: (if different from above)			Email Address:
Country of Birth:	NZ Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No:	Work No:	Occupation:	

LEGAL GUARDIAN

Name:	Address:
Court Order Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No (attach documentation as required)	

EMERGENCY CONTACTS (other than parent)

Name:	Mobile No:	Relationship to Child:
Name:	Mobile No:	Relationship to Child:

HEALTH

Vision:	Hearing:	Speech:
Allergies:	Medication:	
Serious Problems:	Other (eg Migraines, Anxiety, Colour Blindness):	

ADDITIONAL INFORMATION

Learning and Behaviour Needs:	Special Needs (eg ESOL, ORS):
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EARLY CHILDHOOD (choose as many as needed)

	Name of Childcare	Hours per Week	Years Attended
Kohanga Reo			
Playcentre			
Kindergarten or Education & Care Centre			
Home based Service			
Play Group			
Not in New Zealand			
I don't know what type of ECE it was			

NAME OF SIBLINGS LIKELY TO BE ATTENDING THIS SCHOOL

Name:	Date of Birth:	Preschool:
Name:	Date of Birth:	Preschool:
Name:	Date of Birth:	Preschool:

PARENTAL PERMISSION & LEOTC CONSENT AND RISK DISCLOSURE**Please tick only ONE box**

- I **agree** to Stanhope Road School being able to take/use photos of my child on the Stanhope Road School website, school Facebook page, school newsletter and online learning platforms e.g. Seesaw.
- I **do not** agree to Stanhope Road School being able to take/use photos of my child.
- Note: your child may be asked to wait aside when group photos are being taken. For community events, please understand that it is outside of the school's control to monitor parents or visitors taking photos or videos.*

Please tick only ONE box

- I **agree** to Stanhope Road School administering Panadol to my child if necessary.
- I **do not** agree to Stanhope Road School giving Panadol to my child without my verbal consent.

Please tick only ONE box

- I **agree** to my child taking part in each LEOTC (Learning Education Outside the Classroom) event held. I agree to their participation in the events. I acknowledge the need for them to behave responsibly. If my child is involved in a serious disciplinary problem as determined by the school, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

I understand that there are risks associated with involvement in LEOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement standard practice risk assessment management procedures to eliminate, isolate or minimize those hazards to the extent reasonably practicable. I understand that my child has been involved in the development of safety procedures. I know that that I am able to ask any questions of the school about the activities my child will be involved in to gain a better understanding of the risks involved.

I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical or related authorities present. Any medical, dental, surgical or ancillary costs not covered by ACC or community services card will be paid for by me.

- I **do not** agree to my child taking part in any LEOTC event held.

Signed (Parent/Caregiver):

Date:

PARENT DECLARATION/PRIVACY STATEMENT

- I agree that the school will take action on my behalf in case of sudden illness or injury.
- I agree to abide by the school's policies.
- I acknowledge that I have read and understood the information required on this enrolment form. All information that I have provided is true, correct and as up to date as possible for my child. I will notify the school of any changes to the information shared in this document.

The information collected on this form 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 New Zealand 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.

Signed (Parent/Caregiver): _____

Date: _____

IN-ZONE STATUTORY DECLARATION

Important Information from the Ministry of Education

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, eg

- Renting accommodation in-zone on a short-term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience', with no intention to live there on an on-going basis.

Before enrolment takes place (ie before attendance begins), if the Board has reasonable grounds for believing that the given in-zone address will not be a genuine, on-going living arrangement, the Board may withdraw any offer of a place which it may have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 110A of the Education Act 1989.

I confirm that the address which I have provided to the school will be the usual place of residence of _____ (student's name) when the school is open for instruction. I will advise the school of any subsequent changes of address.

Signed (Parent/Caregiver): _____

Date: _____

CYBERSAFETY

I have read the **Cybersafety Use Agreement** (included in the enrolment pack or found on our website) and discussed it with my child. I am aware of both Stanhope Road School's initiatives to maintain a cybersafe learning environment, and my child's responsibilities.

Please note: This agreement for your child will remain in force as long as he/she is enrolled at Stanhope Road School. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

Signed (Student): _____ **Date:** _____

Signed (Parent/Caregiver): _____

Date: _____

INFORMATION SHARING

Our school is part of a local community of schools/kahui ako that may share information on a learning support register to:

- Identify students who need additional support (including name, date of birth, gender and ethnicity)
- Coordinate appropriate support
- Enhance educators' skills and knowledge.

This information will be safe and securely stored electronically with password protection. Only a small group of people involved in learning support will have access to this data. The Ministry of Education may use this information for administration and analysis. The information will be regularly reviewed and updated. You can request to see information about your child. You can withdraw consent at any time and your child will still receive support from the school.

If you do not consent to Stanhope Road School sharing your child's learning support information within the kahui ako, please contact the school office.

CHECKLIST (please provide the following documentation and ensure the enrolment sections have been completed)

	Parent Use	Office Use
Birth Certificate or Passport (must be original)	<input type="checkbox"/>	<input type="checkbox"/>
2 x proof of residential address (e.g. tenancy agreement, power bill)	<input type="checkbox"/>	<input type="checkbox"/>
In-Zone Statutory Declaration signed	<input type="checkbox"/>	<input type="checkbox"/>
Immunisation Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Fully completed enrolment form	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity and citizenship details completed (page 1)	<input type="checkbox"/>	<input type="checkbox"/>
If not a New Zealand Citizen, a current Student Visa or Resident Visa must be provided (must be original)	<input type="checkbox"/>	<input type="checkbox"/>
Parent Declaration/Privacy Statement signed	<input type="checkbox"/>	<input type="checkbox"/>
Parental Permission, LEOTC Consent and Risk Disclosure completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
Cybersafety Use Agreement document read with student and Cybersafety section signed by parent and student	<input type="checkbox"/>	<input type="checkbox"/>

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