

OFFICE USE

Rm No:	Entry Date to SRS:	Passport Sighted	
Year:	Finishing Date:	Visa Sighted	
Teacher:	Enrolment No:	ICT Form Signed	
Pastoral Caregiver:	NSN No:	Payment Received	
House:			

STUDENT DETAILS

Family Name:	Christian Name:	Preferred Name:
Date of Birth:	Gender: M / F (please circle)	Ethnicity:
Country of Birth:	Home Language:	Passport No:
Date of Entry to NZ:	Student Visa/Permit Date of Issue:	Student Visa/Permit Date of Expiry:

AGENT DETAILS (if any)

Agency:	Family Name:	Christian Name:
Residential Address:		
Mobile No:	Work No:	Email Address:

PARENT CONTACT INFORMATION

Family Name:	Christian Name:	Relationship to Child:
Residential Address: (if different from above)		Email Address:
Mobile No:	Work No:	Occupation:

PARENT CONTACT INFORMATION

Family Name:	Christian Name:	Relationship to Child:
Residential Address: (if different from above)		Email Address:
Mobile No:	Work No:	Occupation:

GUARDIAN IN NEW ZEALAND (person student is living with)

Name:	Relationship to student:
Address:	
Mobile No:	Email Address:

EMERGENCY CONTACTS (Other than guardian)

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

HEALTH

Medical/Personal Information (Please list any relevant medical information we should be aware of, eg asthma, allergies, etc):		
Medications:		
Phone No:	Email Address:	Expiry Date:

PARENTAL PERMISSION

I agree to Stanhope Road School being able to take/use photos of my child on the Stanhope Road School website, school Facebook Page and on their classroom blog. I acknowledge that in certain school activities or settings, it is not practical to avoid photos of individuals being taken or to blank out individuals within group photos.

I do not agree to Stanhope Road School being able to take/use photos of my child.

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.

Signed (Parent/Caregiver):

Date:

LEOTC CONSENT AND RISK DISCLOSURE

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:

FEES DECLARATION

I understand that all fees paid are non-refundable if the student leaves before the end of the tuition period. Full payment is to be made in advance.

Signed (Parent/Caregiver):

Date: