

Otonga Road Primary School Enrolment Form

Otonga Road School
105 Otonga Road
Rotorua,
Phone: (07) 348 6443
Fax:
www.otonga.school.nz



Current Year:

Previous School:

Student Details

Family Name:	
First Name:	
Middle Name:	
Preferred Name:	
Address:	
Address:	
Post Code:	
Place in Family:	
Name of eldest at Otonga:	

Gender Male Female

Date of Birth:

Country of Birth:

Home Language:

NZ Residency Yes No

Date Arrived in NZ:

Ethnicity 1 / Iwi

Ethnicity 2 / Iwi

Ethnicity 3 / Iwi

Child to attend Religious Instruction: Yes No

Members of your family likely to attend this school in the future

Name: DOB:

Name: DOB:

Name: DOB:

Parent/Caregivers Details

Title:	
Legal Surname:	
First Name:	
Relationship to Pupil:	
Address if different:	
Country of Birth:	
Occupation:	
Email:	
Mobile:	
Work Phone:	
Home Phone:	

Parent/Caregivers Details

Title:	
Legal Surname:	
First Name:	
Relationship to Pupil:	
Address if different:	
Country of Birth:	
Occupation:	
Email:	
Mobile:	
Work Phone:	
Home Phone:	

Emergency Contact Details:

Name:	<input type="text"/>	Phone:	<input type="text"/>	Mobile:	<input type="text"/>	Relationship to Pupil:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Mobile:	<input type="text"/>	Relationship to Pupil:	<input type="text"/>

Custody/Access Arrangements

(please attach copy of any custody/court order)

Did your child attend an Early Childhood Education Centre Yes No

- Licensed Kindergarten, Playcentre, Childcare or Homebased Centre
- Licensed Kohanga Reo
- Playgroup
- Attended but only outside New Zealand
- Did not attend

For how long: Hours/week:

NOTE: We require a copy of birth certificate and immunisation certificate for new entrants

Out of School Activities

I give permission for my child to participate in the education outside the classroom programme at Otonga School.

Yes No

School Behaviour Management Plan

I have read the Otonga School Behaviour Management Plan and agree to support it

Yes No

Photo Permission

I give permission for any schoolwork or photos to be used for advertising in different publications

Yes No

Internet Safety Agreement

I have read the Internet Safety Agreement and agree to support it

Yes No

OTHER DETAILS:

Please specify any learning behaviour needs, special needs (background/funding et ESOL, ORS) health problems or any other information or requests.

Behaviour:**Learning:****Health:****Any other relevant information or requests:**

Health & Immunisation

Does your child have any allergies, medication requirements, serious problems. (please state):

Medication required:

Medication to be held at school:

Yes No

Community dental service enrolment form completed:

Yes No

Doctor:

Phone:

Clinic:

Privacy Statement: *The information collected 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 authorised or required by law.*

Parent approvals:

I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies and that the school may forward my child's name and address to a potential intermediate or secondary school.

I understand it is my responsibility to notify the school of any changes to my child's address, phone number, custodial arrangements or health status.

Parent/Caregiver Signature:

Office Use**NSN:**

Date started:

Room:

School Ad No

Data entered:

Year Level:

House:

Date of entry:

Other:

Teacher: