

Name:

Enrolment Application



Kohia Terrace School

3 Kohia Terrace, Epsom, Auckland 1023

www.kts.school.nz

09 630 4525

DETAILS FOR CHILD ENROLLING

Legal Surname:	Legal First name:
Preferred Surname:	Preferred First name:
Address	Date of Birth: <input type="checkbox"/> Male
Postcode Home phone:	Place in Family: _____ of _____ <input type="checkbox"/> Female
Early Childhood Centre:	School attending (or last attended) and Year Level:
Ethnicity (<i>Statistical</i>) With which of the following groups do you identify (<i>please circle</i>) NZ European NZ Māori — Iwi (<i>up to three</i>) 1. _____ 2. _____ 3. _____ Pacific Island (<i>state which nation</i>) _____ Asian (<i>please identify</i>) _____ Other European _____	
Language(s) spoken at home: Mandarin Cantonese Korean Hindi English Other _____ English Language Level: FLUENT SOME NONE	
Country of Birth	NZ Citizen YES / NO
Date of Entry into NZ:	Permanent Resident YES / NO
(<i>Please attach copy of birth cert. / passport or other</i>)	Student Visa YES / NO Expiry Date:
Siblings likely to attend in the future: 1:	D.O.B. M / F
2:	D.O.B. M / F
Travel to school (<i>please circle at least one</i>)	Walk Scooter Bicycle Bus Car

PARENT DETAILS

MOTHER / GUARDIAN	FATHER / GUARDIAN
Family name: Title:	Family name: Title:
First name:	First name:
Address (<i>if different to above</i>)	Address (<i>if different to above</i>)
Home phone:	Home phone
Work phone: Mobile:	Work phone: Mobile:
Email:	Email:
Occupation:	Occupation:
Workplace:	Workplace:
Custody / access arrangements about which the school should be aware:	
Home email: _____	
I consent to this email address being used by Parent Liaisons for in-class communication YES / NO	
I / We consent to mobile phone numbers and email addresses to be on the class / year distribution list YES / NO	

OTHER CAREGIVER DETAILS

EMERGENCY CONTACT DETAILS (in case we are unable to contact parents, e.g. relative, friend, neighbour etc.)			
Family name:	Title:	Family name:	Title:
First name:		First name:	
Home phone:		Home phone:	
Work phone:	Mobile:	Work phone:	Mobile:
Relationship to child:		Relationship to child:	

NOTE: The word 'parents' should be taken to include natural parents, guardian or caregiver. Caregiver is a term used by the Ministry of Education to describe the person(s) taking care of the student. The School understands that in most cases this/these person(s) is/are the parent(s) of the student.

If the student is living other than with his/her parents we require a legal guardianship agreement.

MEDICAL DETAILS

MEDICAL INFORMATION	
Doctor:	Dental Clinic / Dentist:
Address:	Address:
Phone:	Phone:
Allergies: <input type="checkbox"/> None <input type="checkbox"/> Low risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Emergency Care required	
Medication: <input type="checkbox"/> Inhaler required <input type="checkbox"/> OK for Pamol	
Are there any medical or health matters about which the school should be aware?	
Has your child been fully immunised? YES / NO (please attach Immunisation Certificate)	Date of last Tetanus injection:

MEDICAL ADMINISTRATION and MEDICAL TREATMENT AGREEMENT

BETWEEN The Board of Trustees of Kohia Terrace School ("the Board")

AND _____ the Parents/Caregivers

The Parents/Caregivers agree with the Board as follows:

1. The Parents/Caregivers agree to notify the school immediately should any of the children develop any medical conditions or changes of medical condition.
2. The Parents/Caregivers agree to meet all costs of an ambulance or emergency medical treatment should they be required as described in the Policy on the website.

DATED this _____ day of _____ 201 . **SIGNED** by _____ Parent/Caregiver

OTHER DETAILS

Learning and Behaviour needs Speech Special Ed. ORRS Funded
Specialist Reports (please supply) Health Education Psychologist

FOR OFFICE USE ONLY

In Zone / Out of Zone (Ballot date accepted) Principal's Signature: Date:

Class	Room	Teacher	Birth Cert Registration No:
Enrolment No:		NSN:	Passport Registration No:
Date Started:		Entered ENROL:	Parent/s Work Permit
Date left:		Entered ENROL:	Parent Liaison Notified:

STATUTORY DECLARATION FOR HOME ZONE APPLICANTS

NOTE: TO MAKE A FALSE DECLARATION IS A CRIMINAL OFFENCE

The Ministry of Education has advised that parents should 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. For example:

- 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 ongoing basis.

If the school learns that a student is no longer 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 of Trustees 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.

The school retains the right to make inquiries necessary in its opinion to obtain information that may assist it to reach a decision in any particular case. This could include a home visit.

I,do solemnly declare as follows:

Full name of Parent/Guardian (in BLOCK LETTERS)

1. That the information contained in this application is true and correct in every respect.
2. That my child’s current and usual address is:

I understand that students accepted under the Home Zone criteria will be expected to remain within the Home Zone while attending Kohia Terrace School. Should I move out of the Home Zone I agree my child will have to move to the school they will then be zoned for.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations act 1957.

DATED at Auckland this day of 201

Signed
(Parent or Guardian)

SignedStamp:
(Justice of the Peace or Solicitor)

APPLICATION CHECKLIST

HOME ZONE APPLICATIONS

- Power Account
- Telephone Account
- Rates Notice or Rental Agreement
- Copy of full birth certificate
- For students born overseas please include a copy of NZ passport/other passport showing permanent residency or citizenship document
- Immunisation certificate

OUT-OF-ZONE APPLICATIONS

- Power or Telephone Account
- Copy of full birth certificate
- For students born overseas please include a copy of NZ passport/other passport showing permanent residency or citizenship document
- Immunisation certificate

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child and is available to all staff of the school and to members of the Board of Trustees. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate educational and health authorities, within the limitations of the Privacy Act. I further approve the forwarding of my child’s name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by the Kohia Terrace School Board of Trustees policies.

Signature of Parent/Guardian _____ Date: _____