

# OUT OF ZONE ENROLMENT FORM



## PAPANUI PRIMARY SCHOOL

40 Winters Road, Papanui Phone (03) 352 8271  
 Christchurch [www.papanuiprimary.school.nz](http://www.papanuiprimary.school.nz)  
 8051 admin@pps.school.nz



### STUDENT DETAILS

<b>Surname:</b>		<b>First Names:</b>	
<b>Address:</b>		<b>Date of Birth:</b>	<b>Gender: Girl / Boy</b>
		<b>Phone Number:</b>	
	<b>Post Code:</b>	<b>Place in family:</b>	<b>out of child(ren)</b>
<b>Proof of address attached (i.e. Power Bill)</b> <input type="checkbox"/>		<b>Sibling(s) likely to attend in the future:</b>	
<b>Email:</b>		<b>Name:</b>	<b>Birth Date:</b>
<b>Previous school attended:</b>		<b>Name:</b>	<b>Birth Date:</b>
<b>Pre-school attended:</b>	<b>No. of hours per week:</b>	<b>Approx Duration (Yrs):</b>	

### MEDICAL INFORMATION

Learning and/or Behaviour Needs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
Medical conditions, disabilities or allergies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
Doctor:	Phone:	
Immunised (Certificate Attached): <input type="checkbox"/>	Partially Immunised (Certificate Attached): <input type="checkbox"/>	Not Immunised: <input type="checkbox"/>

### ETHNIC INFORMATION

<b>Ethnicity:</b> NZ European/Pakeha <input type="checkbox"/>	NZ Maori <input type="checkbox"/>	IWI:
Other:	Language spoken at home:	
Was your child born in New Zealand: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Entry to New Zealand:	
If 'YES' please attach a copy of:	Birth Certificate: <input type="checkbox"/>	Passport: <input type="checkbox"/>
If 'NO' please attach a copy of:	Relevant Visa details: <input type="checkbox"/>	Birth Certificate/Passport: <input type="checkbox"/>

### PARENT/CAREGIVER DETAILS

<b>Mother/Caregiver 1</b>	<b>Father/Caregiver 2</b>
Title:	Title:
Full Name:	Full Name:
Address:	Address:
Mobile Phone:	Mobile Phone:
Work Number:	Work Number:
Work Name & Location:	Work Name & Location:
Relationship to Child:	Relationship to Child:
Child lives with: Both Parents <input type="checkbox"/> Mother/CG1 <input type="checkbox"/> Father/CG2 <input type="checkbox"/> Other _____	

### EMERGENCY CONTACTS

Full Name:		Full Name:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Relationship to Child:		Relationship to Child:	
<b>OFFICE USE ONLY:</b>	Teacher:	Room:	Year:
	Date of Entry:	Enrolment No:	NSN No:
Copy of Immunisation Certificate Received: <input type="checkbox"/>	Birth Certificate Received: <input type="checkbox"/>	Passport/Residency Verified: <input type="checkbox"/>	
Date Enrolment Received:	In Zone <input type="checkbox"/> Out of Zone <input type="checkbox"/>	Whanau Group:	
Principal Visit: <input type="checkbox"/> Date:	Ballot Inclusion: <input type="checkbox"/>	Offered a Place: <input type="checkbox"/>	Offer Accepted: <input type="checkbox"/>

## ENROLMENT CONDITIONS

### Attendance

The school requires punctual and regular attendance to meet the obligations to the Ministry of Education. Absences or lateness must be communicated and explained to the school.

### Uniform

The student is required to wear the uniform of the school in accordance with uniform guidelines as outlined on the Uniform Order Sheet. A signed explanation must be provided for 'non-uniform' items.

### Student Information

In the event of any change to the information provided on this enrolment form, the parent(s) or caregiver(s) will notify the school as soon as possible.

### Permissions

- Yes  No In the event of illness, accident or emergency, the school will use all possible means to contact parent(s)/caregiver(s) or any other emergency contacts that you have detailed on this form. In the event that contact cannot be made and urgent medical attention is required, you agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for the student.
- Yes  No I/we give permission for staff at Papanui Primary School to administer pain relief or other medication as listed on this child's records if required.
- Yes  No I/we give permission for this child to undergo vision and hearing testing.
- Yes  No I/we give permission for this child to be seen by a School Health Professional e.g. Dental Nurse.
- Yes  No I/we give consent for this child to be given access to school computers, the Internet and other communication technologies.
- Yes  No I/we give permission for my child to attend all trips and excursions UNLESS I notify the school otherwise. This will include routine trips e.g. Library, Community walks, Museum, Inter-school events, Shows/performances etc. This permission covers transport, supervision by a nominated person and following health and safety procedures at the destination. You will always be informed that these trips are taking place. Some activities will still have their own permission procedures e.g. Camps.
- Yes  No I give permission to the school to release information to the PTA for fundraising purposes and class activities only

### Privacy

I/we give consent for this child's photo to be taken whilst participating in school activities. Photos may be displayed on:

- Yes  No Papanui Primary School App Community Page - Hero
- Yes  No Newsletter on School Website
- Yes  No Papanui Primary Facebook page (first names only)

## ACCEPTANCE

The personal information provided in this application will be used for school management purposes only and to fulfil the school's legal requirements.

I/We acknowledge, on behalf of the student and the family, that we accept and will reinforce the values and goals of the School Vision outlined in the New Entrant Pack.

I/We accept the conditions of enrolment for my/our child and agree to abide by them:

Name: .....

Signature: .....

Date: .....

CHECKLIST: Birth Certificate attached:   
Proof of Address attached:

Visa attached (if applicable):   
Immunisation Record attached: