



# ROXBURGH AREA SCHOOL

# STUDENT ENROLMENT FORM


Application for Enrolment: Please complete all sections.

A photocopy of identification (Birth Certificate/Passport) must accompany this enrolment.

If not a New Zealand citizen a copy of the residence/student permits from the passport is also needed.

 Roxburgh Area School, 78 Scotland Street, Roxburgh 9500

 [mail@roxburgh.school.nz](mailto:mail@roxburgh.school.nz)

 03 4468460

 [www.roxburgh.school.co.nz](http://www.roxburgh.school.co.nz)

**Student Details**

Family Name:..... Legal Surname (if different).....  
First Names:..... Preferred Name:.....  
Gender: Male/Female Ethnic Group:.....  
If Māori state Iwi:..... Age (now)..... Date of Birth:...../...../.....  
Living with: (Mum, Dad, Grandparents etc).....  
Address:..... Home Phone:.....  
..... Student's Mobile:.....  
..... Country of Birth:.....  
Language English/..... New Zealand Citizen: Yes/No  
Birth Certificate Registration Number.....  
Previous School:..... Date last attended.....  
Year level at previous school:..... Date of Enrolment at previous school:.....

<p><b><u>CAREGIVERS 1 (Living with)</u></b></p> <p>Surname  Mr/Mrs/Miss/Ms.....  First Names.....  Relationship to student.....  .  Phones:  Home..... Work.....  Cellphone.....  .  Workplace.....  .  Email.....</p>	<p><b><u>CAREGIVERS 2</u></b></p> <p>Surname  Mr/Mrs/Miss/Ms.....  First Names.....  Relationship to student.....  Phones:  Home..... Work.....  Cellphone.....  Workplace.....  Email.....</p>
<p><b><u>Non-Custodial Parent Details (If Applicable)</u></b></p> <p>Surname  Mr/Mrs/Miss/Ms.....  First Names.....  Relationship to student.....  Phones:  Home..... Work.....  Cellphone.....</p>	<p><b><u>EMERGENCY CONTACT</u></b></p> <p><i>Family friend, neighbour or relative living close to the school who we can contact in an emergency if you are unable to be reached.</i></p> <p>First Names.....  Relationship to student.....  Phones:  Home..... Work.....  .  Cellphone.....</p>

Has your child regularly attended Early Childhood Education? Please select:

- |                           |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Yes for the last 6 months | <input type="checkbox"/> | Yes for the last year    | <input type="checkbox"/> |
| Yes for the last 2 years  | <input type="checkbox"/> | Yes for the last 3 years | <input type="checkbox"/> |
| Yes for the last 4 years  | <input type="checkbox"/> | Yes for 5 or more years  | <input type="checkbox"/> |

Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Preschool Siblings: (do you have any pre-schoolers that may also attend Roxburgh Area School at a later date? If so, please enter name/s and DOB)

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**Parental Involvement**

All parents are encouraged to attend Parent Teacher Association (PTA) meetings and support fundraising projects.

I am happy to be contacted by the PTA to assist at events when required **Yes No**

Your help and involvement with programmes at Roxburgh Area School is welcomed. Please indicate any skills or interests you may wish to share with students.

- Sports (details ie coach/transport) .....
- Cultural .....
- Music .....
- Arts .....
- Reading .....

Are there any other details that may be helpful for us in knowing, understanding and assisting your child/children/family? For example adopted child, blended family etc?.....

.....

**Confidential. Medical Information**

- In an emergency School may act on behalf Yes / No
- Glasses: Should your child wear glasses in class? Yes / No
- Hearing: Does your child require special seating arrangements? Yes / No
- Are your child’s immunisations up to date? Yes / No

I agree to the administration of Panadol for minor pain by the school’s designated medical staff. **Yes / No**

**Other Medical/Allergy details:**

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The school publishes a school newsletter, a school website, press releases, Facebook, Prunings (student magazine). To consent to your student’s image being used in these contexts, please tick the box below and sign. If you do not wish your student to appear in any of these, please indicate the reason for this and place a cross in the box.

Yes  No

**SPECIAL EDUCATIONAL REQUIREMENTS**

Has your child received assistance from outside agencies ie: Special Education, Hospitals, ACC etc?

Details.....

Has your child received assistance, extra assistance/extension/gifted and talented in small groups in a previous school?

Details. ....

I give permission for my child’s image to be used on school sites, eg newsletters, webpage.

Signed Parent/Caregiver.....

The Ministry sends student information from ENROL and SMS, including contact details, to the Ministry of Social Development contracts specialists to provide Youth Service.

**Parent/Caregiver Verification:**

I agree that upon successful enrolment of my child at Roxburgh Area School I will comply with school policies concerning discipline, internet usage, uniform, fees, attendance, books and other matters pertaining to the welfare of the school (policies available from school). I will do my best to ensure that my child complies with school regulations.

**Confidentiality**

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only. Address and phone number details are collected at the time of enrolment and during the student’s time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

**Publication**

In the interest of safety and security Roxburgh Area School requires parent permission for the publishing of student’s names or photographs on our website, social media, on class blogs, in our newsletters and annual magazine (which are handed out or posted out and/or published online).

We believe it is important to celebrate children’s achievement but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.

The school will set the purpose for publishing of any students’ work online, which will be in line with classroom learning goals. A student’s image and schoolwork may be chosen for online publication if it meets this purpose.

We will share no more than a student’s first name, their work and / or photograph.

Permission given may be revoked at any stage, and if this is the case, parents must ensure that the school Principal is notified, so that staff can be informed.

**Cyber-Safety and Technology Use**

I have read the Cybersafety and Technology Use Agreement Information and I am aware of the school’s initiatives to maintain a cybersafe learning environment. I am also aware of the need to make my child aware of safe use of computers and the internet. I consent to my child’s safe use of computers and the internet on this basis.

**Bus Behaviour**

If my child is travelling on a school bus service I accept that it is the driver who is responsible for the safe transporting of my children, and he/she will determine if a child’s behaviour is acceptable or warrants being recorded/reported to school staff.

**Privacy**

We are collecting personal information on this enrolment form for the purposes of providing education for your child. We will use and disclose your child’s information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Details about your child’s identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes. Information may also be shared with Ministry of Education to access extra support for your child if needed.

I consent to the above-mentioned things.....Parent/Guardian Dated.....

<b>For School Use:</b>	
Class.....Room.....	Enrolment No.....
Bus.....House.....	Permanent/Temporary
Date started at Roxburgh Area School.....	Copy of Birth Certificate.....
Immunisation Details: Certificate sighted.....	NSN.....

**ENROLMENT INFORMATION**

Please complete the attached Enrolment form and return it to the school office as soon as possible.

**FILLING IN THE ENROLMENT FORM**

**Preferred Name**

If different from given name, for example, student may prefer to be known as Jo when their given name is Joanne.

**Parents/Caregivers/Guardians (Page 2)**

This is the name of the person(s) the student lives with who is responsible for the child’s welfare.

**Non-Custodial Parent**

If applicable enter details of any non-custodial parent with legal access to information about the student.

**Emergency Contact**

In case of an emergency, we must have the name and phone number of another reliable contact person in case the caregivers are not available.

**Medical Details**

It is important that the school has a record of physical disabilities/medical problems that may affect involvement or progress. Please indicate medication to be taken or whether you wish personal medication to be kept at the office.