

CUST PRIMARY SCHOOL

473 Earlys Road
Cust
North Canterbury 7444

Phone: 03 3125 753
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ENROLMENT FORM

Student Details:

Full Name: _____
Family Name *First Names*

Date of Birth: _____ Country of Birth: _____

Birth Certificate *(copy attached)*

Pre-School Education *(please circle and complete sheet over)* Kindergarten Playcentre
Pre-school Centre Montessori Home School Kohanga Reo Other *(please state)*
Attended for [] years prior to starting school.

Postal Address: _____ Phone Number: _____

Date Started Cust School: _____

Family Details:

Mother/Caregiver: _____ Father/Caregiver: _____
(Mrs, Miss, Ms)

Occupation: _____ Occupation: _____

Postal Address: _____ Postal Address: _____
(if different to pupil address) *(if different to pupil address)*

Phone Number: _____ Phone Number: _____

Mobile Phone: _____ Mobile Phone: _____

Email: _____ Email: _____

Pre-schoolers / Siblings: _____
(Name and Date of Birth)

Child lives with: both parents mother father caregiver *(please circle one)*

Custody / Access Arrangements *(if applicable)* Court Order Issued? Yes / No / N/A

Emergency Contact: *(when parents cannot be contacted. Local contacts are preferable.)*

Name: _____ Relationship to Child: _____ Phone Number: _____

Name: _____ Relationship to Child: _____ Phone Number: _____

Previous School Details: *(if applicable)*

Previous School: _____ Year Level: _____

School Address: _____

Health:

Doctor: _____

Phone Number: _____

Immunisation Certificate Attached:

Before School Health Check (B4SC) Yes / No

Does your child have any allergies or medical requirements? _____

Please write any details about medical conditions and/or medication requirements:

Learning and Behaviour Needs: _____

Sight, speech, hearing problems: _____

Ethnicity:

Ethnic Group *(please circle)*

European/Pakeha Asian Maori Pacific Island Other *(please state)*

Iwi: _____

If your child is of New Zealand Maori descent please enter the name/s of his/her iwi. (You may enter more than one iwi) If you do not know the iwi, please enter "Don't Know".

Passport Attached:
(proof of parental work permit / residency required)

New Zealand Residency: Yes / No

Entered New Zealand *(date)* _____

Citizenship: Yes / No

Language spoken at home: _____

Other Information:

Confidentiality:

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. The records made from this information may be viewed on request at the school.

The information on this form assists the school 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.

Parent / Caregiver Verification:

The information provided is true and correct. I/we undertake to advise the school of any change in circumstances. I/we agree to abide by the school's policies. I/we understand the school will take action on my/our behalf in case of sudden illness or injury.

Signed: _____

PRIOR PARTICIPATION IN EARLY CHILDHOOD EDUCATION:

This ECE information is required for Ministry of Education statistics.

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?
Please complete the tables below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

Did the child regularly attend early childhood education?	
Yes, for the last 6 months	
Yes, for the last year	
Yes, for the last 2 years	
Yes, for the last 3 years	
Yes, for the last 4 years	
Yes, for the last 5 years or more	
Not regularly, only occasionally with no on-going schedule.	

Please enter the number of hours per week 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			

OR

G. Attended, but only outside New Zealand	
H. Attended, but don't know what type of service	
I. Did not attend	
J. Unable to establish if attended or not	

- I approve of my phone number etc. being given to such groups as Health Department, Dental Nurse, Parent Support, etc. Yes / No
- I approve of my child's school records being passed on to other schools As required. Yes / No
- I give the school my consent to act on my behalf in the event of any emergency. Yes / No
- I approve of my child using sun block. Yes / No
- I approve of my child being given a panadol if necessary. Yes / No
- I approve of my child attending low risk EOTC activities. Yes / No
(refer to section in Information book for further clarification)

PARENT'S / CAREGIVER'S SIGNATURE: