



Office Use

DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_

2011-V2

# COTSWOLD SCHOOL ENROLMENT FORM

# C O T S W O L D   S C H O O L   E N R O L M E N T   F O R M

<b>STUDENT</b>	LEGAL SURNAME:		LEGAL FIRST NAME(S):			
	PREFERRED SURNAME:		PREFERRED FIRST NAME:			
	PLACE IN FAMILY:	OF	NAME OF ELDEST CHILD AT SCHOOL:	BOY / GIRL	DATE OF BIRTH: / /	
	ADDRESS:		PREVIOUS SCHOOL/CENTRE:			
			ADDRESS:			
	POSTCODE:		ETHNICITY:		IWI/HAPU:	
	PHONE:		1.	1.		
	MOBILE:		2.	2.		
	EMAIL:		3.	3.		
	HOME LANGUAGE:		4.	4.		
RESIDENCY/CITIZENSHIP: YES / NO (if No, enter details below)		ZONE: IN / OUT / NA		RELIGIOUS EDUCATION: YES / NO		
<b>PARENT/CAREGIVER 1</b>	TITLE: LEGAL NAME:		FIRST NAME:		RELATIONSHIP TO STUDENT:	
	RESIDENTIAL ADDRESS: (If Different From Student)		OCCUPATION:		HOURS:	
			HOME PHONE:		WORK PHONE:	
	COUNTRY OF BIRTH:		MOBILE PHONE:			
		EMAIL ADDRESS:				
<b>PARENT/CAREGIVER 2</b>	TITLE: LEGAL NAME:		FIRST NAME:		RELATIONSHIP TO STUDENT:	
	RESIDENTIAL ADDRESS: (If Different From Student)		OCCUPATION:		HOURS:	
			HOME PHONE:		WORK PHONE:	
	COUNTRY OF BIRTH:		MOBILE PHONE:			
		EMAIL ADDRESS:				
<b>EMERGENCY CONTACTS</b>	EMERGENCY CONTACT NAME 1:		HOME PHONE:		EMERGENCY PICK-UP: YES / NO	
	RELATIONSHIP TO STUDENT:		MOBILE PHONE:			
	EMERGENCY CONTACT NAME 2:		HOME PHONE:		EMERGENCY PICK-UP: YES / NO	
	RELATIONSHIP TO STUDENT:		MOBILE PHONE:			
	DOCTOR:		PHONE NO:	DENTAL CLINIC:		
	NAME OF LEGAL GUARDIANS:					
<b>OTHER</b>	MEMBERS OF YOUR FAMILY LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE.			ADDITIONAL INFORMATION:		
	1.	DATE OF BIRTH: / /				
	2.	DATE OF BIRTH: / /				
	3.	DATE OF BIRTH: / /				

<b>EARLY CHILDHOOD EDUCATION</b>	WAS EARLY CHILDHOOD EDUCATION (ECE) REGULARLY ATTENDED? <input type="checkbox"/> YES, FOR THE LAST YEAR(S). <input type="checkbox"/> NOT REGULARLY, ONLY OCCASIONALLY OR WITH NO ON-GOING SCHEDULE. <input type="checkbox"/> NO, DID NOT ATTEND ECE	<b>CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS</b>	COURT ORDER ISSUED: YES / NO / NA (If YES please attach a copy of the Court Order)
	DID YOUR CHILD ATTEND AN ECE SERVICE IN THE SIX MONTHS PRIOR TO STARTING SCHOOL?		Please detail any further custody arrangement/access restrictions
	Please enter the number of hours per week for up to three services (a – f) or tick the appropriate box (g – j)		
	Only place a tick (✓) in the box(es) at left as appropriate if section above is left blank.		EXTRA COPY OF SCHOOL REPORT TO:
			ADDRESS:
			EMAIL:

<b>HEALTH/LEARNING &amp; BEHAVIOUR</b>	HAS YOUR CHILD HAD A BEFORE SCHOOL CHECK? YES / NO	<b>LEARNING/BEHAVIOUR NEEDS:</b>	
	BEFORE SCHOOL HEALTH?		
	BEFORE SCHOOL DEVELOPMENT?		
	BEFORE SCHOOL BEHAVIOURAL?		
	VISION:		<b>SPECIALIST NEEDS/RESOURCING/AGENCIES</b>
	HEARING:		
	I CONSENT TO MY CHILD'S VISION AND HEARING BEING TESTED: YES / NO		
	ALLERGIES:		
	MEDICATION:		
	SPEECH:		<b>OTHER INFORMATION/REQUESTS:</b>
SERIOUS PROBLEMS:			
<b>ADMINISTERING MEDICATION</b> PARENTS REQUIRING THEIR CHILD TO HAVE MEDICINE ADMINISTERED BY SCHOOL STAFF MUST COMPLETE A FORM AT THE SCHOOL OFFICE DETAILING THE NAME OF THE MEDICINE, WHAT IT HAS BEEN PRESCRIBED FOR AND DIRECTIONS FOR USE.			

<b>OFFICE USE</b>	BIRTHDATE VERIFICATION/COPY: <input type="checkbox"/> BIRTH CERTIFICATE NO: _____ OR PASSPORT NUMBER: _____ SCHOOL ADMISSION NO: _____
	IMMUNISATION CERTIFICATE VERIFICATION/COPY: <input type="checkbox"/> NSN: _____
	RECORDS/INFORMATION REQUESTED: _____ RECORDS/INFORMATION RECEIVED: _____ DATE OF ENTRY: _____
	NEW CLASS LEVEL: _____ ROOM NO: _____ TEACHER: _____
	LETTER SENT RE INTERVIEW: <input type="checkbox"/> AP INTERVIEW BOOKED: <input type="checkbox"/> LETTER SENT RE CLASS: <input type="checkbox"/> SCHOOL VISIT BOOKED: <input type="checkbox"/>
	MUSAC (COMPUTER) <input type="checkbox"/> FAMILY CARD: <input type="checkbox"/> ENROL: <input type="checkbox"/> CLASS INVOICE: <input type="checkbox"/> DENTAL CLINIC: <input type="checkbox"/>

## CONFIRMATION OF RESIDENTIAL ADDRESS

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents should also 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. eg

- 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 of 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 living 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 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.

## ENROLMENT RECORD

We are required by the Secretary of Education to:

- In the case of students who have never been enrolled before, an enrolment record will be begun for the student, and in the case of other students their enrolment record will be requested from the student's previous school;
- When the student leaves the school to go to another school, the enrolment record will be updated and passed on to the student's next school;
- The school the student is attending will hold the enrolment record, and the student and parent can request a copy from the school; and
- The enrolment record will be made available to the Ministry of Education or its agents if requested for a specific purpose.

## AGREEMENT & ACKNOWLEDGEMENT

- 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.
- I approve the forwarding on of information when my child transfers to another school.
- I 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
- I agree to abide by school policies.

## PRIVACY & ONLINE PUBLISHING

Cotswold School uses a range of learning technologies to enhance student learning. These include electronic mail (email) and the Internet. From time to time, we publish on the school's Internet Website material for educational purposes, to share the results of learning within the school community, and to promote the school within the wider community. This may include examples of students' schoolwork and images of students and groups of students in activities at the school. Images of students may include scanned, digital, or video images of them taking part in school or class activities.

The following guidelines have been put in place covering issues of privacy in relation to online publishing:

1. The school will publish the material only on its own website and New Zealand based websites endorsed by the Ministry of Education, such as the Ministry of Education's website The Online Learning Centre – Te Kete Ipurangi ([www.tki.org.nz](http://www.tki.org.nz)). The school may also recommend that student work, or the whole school website, be available through Te Kete Ipurangi.
2. The school publishes student material online for the following three main purposes:
  - To educate the student in accordance with the national curriculum, including on the role and use of technology in society;
  - To encourage the student to be part of and participate in the school community;
  - To promote the school in the wider community.
3. The school acknowledges that it cannot control who accesses the websites on which student's images or material is published for the copying, by visitors to these websites, of images of the students and their work.
4. The school will identify students on the websites only by their name and year at school. Students' home address and telephone numbers will not be available on the website.
5. The school will not publish a student's image or work without written authorisation from the student's legal guardians. The school will immediately remove all material relating to a student from its website if requested by a legal guardian of the student.
6. The school will not publish material online that may defame anyone, be objectionable from a human rights point of view, be obscene, or infringe the copyright of third parties. All the student material published online will be subject to an editing process, which will include the correction of spelling and grammatical errors.
7. The Principal is available to answer any enquiries from parents or students about the operation of the school's policy for the online publication of student images and work.

Our school website address is [www.cotswold.school.nz](http://www.cotswold.school.nz)

I confirm that the address which I have provided to the school will be the usual place of residence of

STUDENT'S NAME

when the school is open for instruction. I will advise the school of any subsequent change of address.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

I authorise / Do not authorise  
Delete One

Cotswold school to publish images of my child on the internet, as well as any work that he or she may create at school, in strict compliance with the school's policy for the online publication of student images and student work and the associated guidelines.

I agree that this consent shall continue until I withdraw my consent by notice to the school or until my child ceases to be enrolled in the school, whichever happens first.

I confirm that I have the necessary authority to give this permission.

SIGNATURE OF PARENT OR LEGAL GUARDIAN