ENROLMENT 2024

STAND TALL - TU RANGATIRA
WYMONDLEY ROAD SCHOOL,
77 WYMONDLEY ROAD, OTARA, AUCKLAND 2025
(09) 276 7241 / 0800 121 458
WWW.WYMONDLEY.SCHOOL.NZ

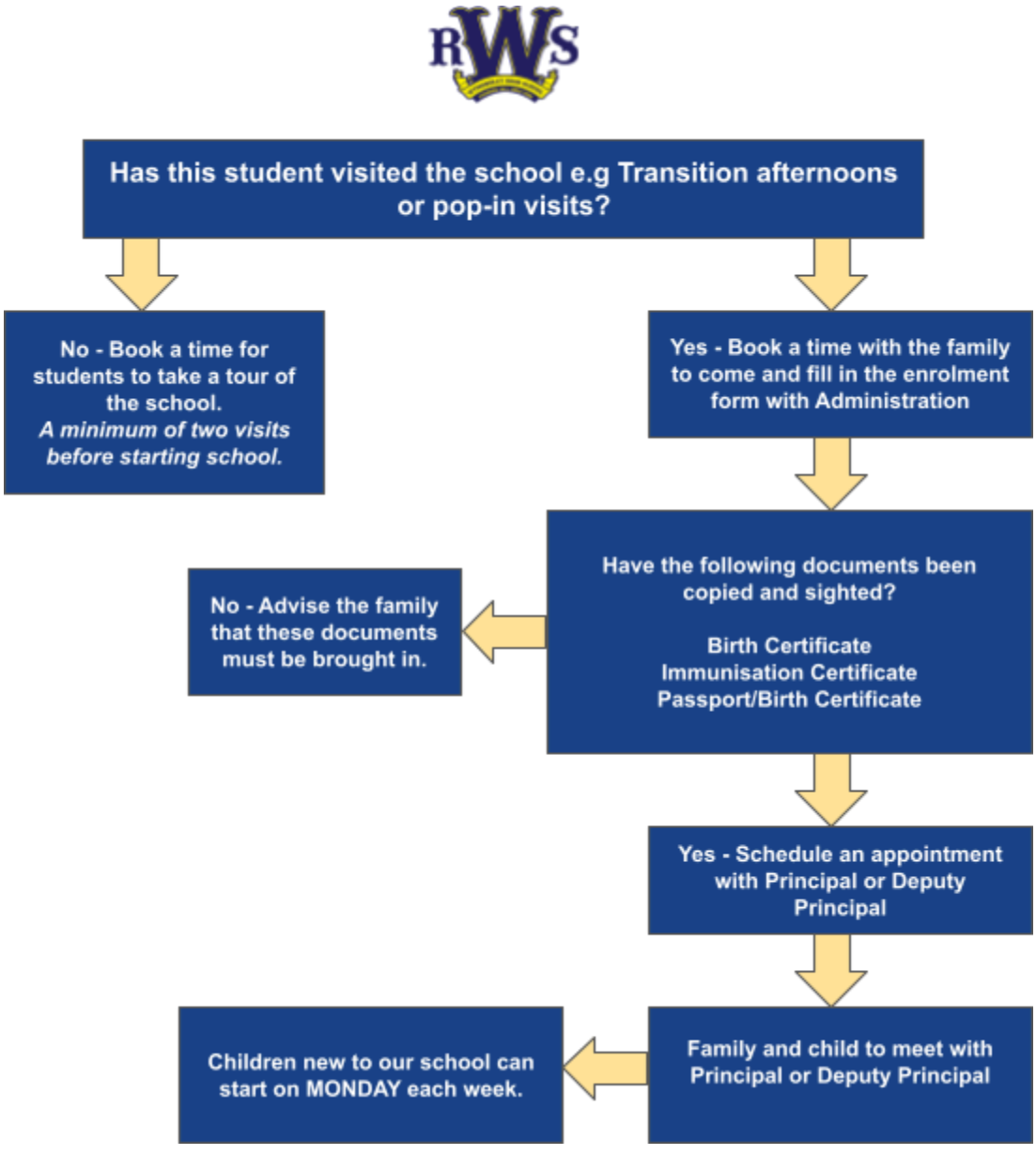
The WRS learner underpins all social and learning interactions in our school where both staff and students are concerned. We believe that it is important that children learn to display the values and learning at all times.

Enrolling your child

What you need to bring to the office:

- Your child's immunisation record
- Birth Certificate/Passport
    - If your child is a New Zealand citizen please bring in their birth certificate.
    - If your child is not a New Zealand Citizen please bring in your passport and your child's passport and visas

Enrolment Flowchart



ENROLMENT APPLICATION

STUDENT DETAILS					
EXPECTED START DATE			**ACTUAL START DATE**		
FAMILY NAME			**FIRST NAME(S)**		
MIDDLE NAME			**PREFERRED FIRST NAME**		
GENDER	MALE	FEMALE	**BIRTHDATE**		
NSN NUMBER					
ADDRESS WHERE STUDENT LIVES					
COUNTRY OF BIRTH			**HOME PHONE**		
ETHNIC GROUP(S) OF CHILD			**NAME OF PREVIOUS SCHOOL**		
IWI AFFILIATION			**REASON FOR LEAVING PREVIOUS SCHOOL**		
MAIN LANGUAGE SPOKEN AT HOME			**OTHER LANGUAGES SPOKEN AT HOME**		
IF NOT A NZ CITIZEN, PLEASE COMPLETE SECTION BELOW					
COUNTRY OF CITIZENSHIP		**DATE OF ENTRY TO NZ**		**NZ PERMIT/VISA TYPE EG. RESIDENT VISA**	

OFFICE ONLY					
NSN NUMBER		**NHI NUMBER**		**CLASS**	
ENROL		**EDGE**		**EMAIL**	

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SIBLING DETAILS						
PLEASE LIST SIBLINGS THAT ARE CURRENTLY ATTENDING WYMONDLEY SCHOOL AND WILL ATTEND WYMONDLEY SCHOOL IN THE FUTURE						
NAME		**BIRTHDATE**		**GENDER**	MALE	FEMALE
NAME		**BIRTHDATE**		**GENDER**	MALE	FEMALE
NAME		**BIRTHDATE**		**GENDER**	MALE	FEMALE
NAME		**BIRTHDATE**		**GENDER**	MALE	FEMALE

PARENTS/GUARDIANS

PARENT/CAREGIVER DETAILS		
	PARENT/CAREGIVER 1	**PARENT/CAREGIVER 2**
RELATIONSHIP TO STUDENT		
FIRST NAME		
FAMILY NAME		
ADDRESS (IF DIFFERENT FROM STUDENT)		
HOME PHONE		
MOBILE		
EMAIL		
OCCUPATION		
PLACE OF WORK		
WORK PHONE		
ETHNICITY		
COUNTRY OF BIRTH		
LANGUAGES SPOKEN		
PLEASE CIRCLE ONE	RENTING BOARDING OWN MY OWN HOUSE	RENTING BOARDING OWN MY OWN HOUSE

SHARED CUSTODY			CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS	
DOES YOUR CHILD ALTERNATE RESIDENCE BETWEEN PARENTS DURING THE WEEK?	**YES**	**NO**	IF A CUSTODY ORDER IS IN PLACE, PLEASE ENSURE A COPY IS ATTACHED SO THE SCHOOL CAN ABIDE BY ITS CONDITIONS	

SENSITIVE INFORMATION AGENCY INVOLVEMENTS EG. CYFS, TYLA, SOCIAL WORKER ETC

EMERGENCY CONTACTS

WHO CAN WE CONTACT IN AN EMERGENCY IF WE CANNOT CONTACT YOU?			
CONTACT 1		**CONTACT 2**	
NAME		**NAME**	
R/SHIP TO STUDENT		**R/SHIP TO STUDENT**	
PHONE		**PHONE**	
MOBILE		**MOBILE**	

TRAVELLING TO/FROM SCHOOL									
WHAT MODE OF TRANSPORT WILL YOUR STUDENT USUALLY TAKE TO AND FROM SCHOOL? (Please tick)									
WALK		**WALKING SCHOOL BUS**		**CAR**		**BUS**		**OTHER (PLEASE SPECIFY)**	
AFTER SCHOOL ARRANGEMENTS									
IF YOUR STUDENT IS GOING TO SKIDS WYMONDLEY, PLEASE TICK DAYS THAT THEY WILL ATTEND									
MONDAY		**TUESDAY**		**WEDNESDAY**		**THURSDAY**		**FRIDAY**	
DO YOU HAVE OTHER ARRANGEMENTS FOR YOUR CHILD AFTER SCHOOL?									

LEARNING SUPPORT								
DOES YOUR STUDENT HAVE ANY PROBLEMS WITH? (Please tick)								
DOES YOUR CHILD HAVE ANY PROBLEMS WITH?	**HEARING**		**VISION**		**SPEECH**		**OTHER**	
DOES YOUR CHILD HAVE ANY SPECIFIC NEEDS THAT MAY REQUIRE EXTRA SUPPORT? EG. HEARING AIDS, WHEELCHAIR, BEHAVIOUR ISSUES, ESOL, RTLB								
HAS YOUR CHILD COMPLETED AT SCHOOL CHECKS? (PLEASE PROVIDE DOCUMENTATION)							**YES**	**NO**

ADDITIONAL INFORMATION

EARLY YEARS EDUCATION								
DID YOUR CHILD ATTEND ONE OR MORE EARLY CHILDHOOD EDUCATION SERVICES PRIOR TO STARTING SCHOOL?							**YES**	**NO**
IF YES, PLEASE TICK	KINDERGARTEN		PLAYCENTRE		PRESCHOOL		OTHER	
NAME OF ECE								
HOW MANY HOURS PER WEEK?	10 HOURS (OR LESS)		20 HOURS		30 HOURS		40 HOURS+	
HOW MANY YEARS?	1 YEAR (OR LESS)		2 YEARS		3 YEARS		4 YEARS+	

MEDICAL INFORMATION

MEDICAL INFORMATION			
FAMILY DOCTOR			**CONTACT NUMBER**
DOES YOUR STUDENT SUFFER FROM? (Please tick))			*DETAILS, MEDICATION & TREATMENT PLAN*
MEDICAL INFORMATION	**YES**	**NO**	***(IF YES, PLEASE PROVIDE ACTION PLAN FROM YOUR DOCTOR)***
ALLERGIES, PLEASE SPECIFY	YES	NO	
ASTHMA	YES	NO	
DIABETES	YES	NO	
ADHD/ADD	YES	NO	
EPILEPSY	YES	NO	
HEADACHES/MIGRAINES	YES	NO	
PAST HEAD INJURY	YES	NO	
HEPATITIS	YES	NO	
RHEUMATIC FEVER	YES	NO	
DOES YOUR CHILD REQUIRE MEDICATION AT SCHOOL?	YES	NO	
ARE THERE ANY DIETARY REQUIREMENTS WE SHOULD KNOW ABOUT?	YES	NO	
ANY OTHER MEDICAL CONDITIONS THAT MAY AFFECT LEARNING? PLEASE PROVIDE ANY DETAILS AND EMERGENCY PROCEDURES THE SCHOOL NEEDS TO BE AWARE OF.			

HEALTH PERMISSIONS		
I GIVE THE SCHOOL PERMISSION TO GIVE MY CHILD PARACETAMOL	YES	NO
IS YOUR CHILD ENROLLED WITH AUCKLAND REGIONAL DENTAL SERVICE?	YES	NO
IS YOUR CHILD FULLY IMMUNISED TO 5 YEARS? (IMMUNISATION CERTIFICATE PROVIDED)	YES	NO
If the school is unable to contact me or the accident is serious, I give permission for the nurse of delegate to take my son/daughter to Accident and Emergency and agree to meet any costs incurred.		
PARENT/GUARDIAN SIGNATURE **X**	**DATE**	

CYBERSAFETY

CYBERSAFETY		
Due to the nature of online tools, your child's work, with your permission, will be available online and will be accessible via the internet. We will only use your child's first names and the classroom teacher will write all posts. Only the work, first name or image of children who have parental permission will be used on this classroom blog/Seesaw.		
I GIVE PERMISSION FOR MY CHILD TO USE ONLINE TOOLS AS PART OF THE SCHOOL CURRICULUM TO SUPPORT THEIR LEARNING?	YES	NO
I GIVE PERMISSION FOR MY CHILD'S PHOTO, THEIR WORK AND/OR FIRST NAME ONLY TO BE USED ON GOOGLE CLASSROOM OR SEESAW?	YES	NO
PARENT/GUARDIAN SIGNATURE **X**	**DATE**	

ADMINISTRATION

ADMINISTRATION		
Attendance. I will ensure my child comes to school everyday. If they are unable to come to school I will contact the school via email, website or phone.	YES	NO
Administration Fee, Stationery and School uniform. I will ensure my child has all of the items required to start school.	YES	NO
School notices and newsletters can be sent electronically. Have you provided all email addresses you would like communication sent to. It is important to advise the school immediately if your email address changes	YES	NO
Do you agree to return permission slips to go on class/educational/sports trips in a timely manner? Notices will be sent home electronically or through the notices whenever a trip is organised advising date/time, details and including a permission slip to be returned.	YES	NO
Do you give consent for your child to go on the Walking School bus? Our walking school bus operates every morning, please see the office for route information.	YES	NO
Do you give consent for your child to go on trips within walking distance? From time to time short walks from school are arranged with no permission slip sent home e.g. visiting local park or dairy.	YES	NO
Do you give consent for your child's first name, photo or work to appear in the school newsletter, school publications, on the school's website and/or social media? The school shares not more than a student's first name and/or photograph in the newsletter or the wider online community, via the school website and or social media accounts.	YES	NO
Do you give consent for your child's first name, photo or work to appear on websites of external agencies? The school gets support from organisations such as Counties Manukau, Auckland Basketball, Garden to Table and on occasion they will need to take photos for their organisation.	YES	NO
Do you give consent for your child to have religious instruction/education at the school? Once a week students have the opportunity to attend a half hour per week non-denominational religious instruction (Life Choices). Please indicate if you would like your child to take part.	YES	NO
Someone from my family can volunteer to support school learning initiatives. E.g. Garden to table, Walking School Bus, Buddy Reading or Homework Club. *Please circle the ones you are most interested in*	YES	NO
I would like to be a "Friends of the School' (FOTS) The FOTS is a group of parents and staff who organise various activities and fundraising around the school.	YES	NO
PARENT/GUARDIAN SIGNATURE **X**	**DATE**	

DECLARATION

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 agree that the records made from this information may be used on request at the school.
- I approve the school obtaining information from my child's previous school and forwarding information to a potential intermediate school on request.
- I agree to the school using my contact address, email and phone number to inform me of school activities.
- I understand that the school will take action on my behalf in case of sudden illness or injury.
- I agree that I will dress my child in the school uniform and abide by all school policies.
- I certify that all the information written in this enrolment application form is accurate.

PARENT/GUARDIAN SIGNATURE	**DATE**

ENROLMENT CHECKLIST		SCHOOL USE ONLY							
PLEASE CHECK THAT YOU HAVE COMPLETED AND/OR ATTACHED ALL THE FOLLOWING DOCUMENTS		**STUDENTS NAME**							
ENROLMENT		**NSN Number**							
	Application Form is complete	**Date started**							
	Original Birth certificate, and	**Name entered**							
	(if not born in NZ) a Passport or NZ Citizen Certificate	**Passport/Birth Cert#**							
Students not born in New Zealand must also provide		**Residency/Student Visa date of Issue**							
	Residence Visa or other Visa and/or	Entry Level		N E	Y1	Y2	Y3	Y4	Y5	Y6
	Student Visa and	Teacher					Room		
	Parent/Guardian Work Visa or other documentation	**Entered on Databases**							
HEALTH FORMS		EDGE	✓	Date entered:					
	Immunisation Certificate	ESOL	✓	Date entered:					
	Hearing & Vision	**Principal Interview**							
	B4School Check	Attended	✓	Date interviewed:					
	Senior Health Form (Years 5 & 6 only)	**School visit**							
		Attended	✓	Date attended:					
		Attended	✓	Date attended:					

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OFFICE ONLY - CHECKLIST	
	BIRTH CERT/PASSPORT
	IMMUNISATION CERT
	HEARING & VISION
	B4SCHOOL CHECK
	SENIOR HEALTH FORMS
	STATIONERY & UNIFORM PURCHASED