

ENROLMENT APPLICATION

| STUDENT DETAILS | | | | | |
|--|------|---------------------|------------------------------------|---------------------------------------|--|
| EXPECTED START DATE | | | ACTUAL START DATE | | |
| FAMILY NAME | | | FIRST NAME(S) | | |
| MIDDLE NAME | | | PREFERRED FIRST NAME | | |
| GENDER | MALE | FEMALE | BIRTHDATE | | |
| 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 | | E MAIL | |

STAND TALL - TU RANGATIRA

WYMONDLEY ROAD SCHOOL, 77 WYMONDLEY ROAD, OTARA, AUCKLAND 2025
(09) 276 7241

WWW.WYMONDLEY.SCHOOL.NZ

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

| EMERGENCY CONTACT DETAILS | | | |
|--|--|-------------------|--|
| 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 A B4SCHOOL CHECK? (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 |
| <i>If the school is unable to contact me or the accident is serious, I give permission for the nurse or delegate to take my son/daughter to Accident and Emergency and agree to meet any costs incurred.</i> | | |
| PARENT/GUARDIAN SIGNATURE X | DATE | |

CYBERSAFETY

| CYBERSAFETY | | |
|---|------|----|
| <p><i>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></p> | | |
| 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 for 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 organisation 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. <i>Please circle the ones you are most interested in</i> | 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

X

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

NE

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:

OFFICE ONLY - CHECKLIST

BIRTH CERT/PASSPORT

IMMUNISATION CERT

HEARING & VISION

B4SCHOOL CHECK

SENIOR HEALTH FORMS

STATIONARY & UNIFORM PURCHASED



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