

# ARTHUR STREET SCHOOL



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## Pupil Enrolment Form

Student's legal first names		Legal surname	
Student's preferred first name:		Preferred surname:	
Ethnicity (up to three):			
Iwi student belongs to – if applicable (up to three):			
If Not Born in New Zealand: Date of Entry into NZ:                    /                    /                    NZ Residency:    YES / NO Date of Parents Work Permit and Student Visa                    /                    /			
Home Language:		Country of Birth:	
Birth Date:                    /                    /	Current Class/Year Level:	Place in Family ____ of ____	
Address:			
Home Phone:	Mobile Phone:	Email:	
Previous Schools/Early Childhood Centres:			

### Parent/Caregiver Details

<b>1</b>	Mr/Mrs/Miss/Ms	Family Name:
First Names:		
Relationship to Child:		Primary Caregiver:    YES / NO
Residential Address:		
Home Phone:	Work Phone:	Mobile Phone:
Email:	Occupation:	
<b>2</b>	Mr/Mrs/Miss/Ms	Family Name:
First Names:		
Relationship to Child:		Primary Caregiver:    YES / NO
Home Phone:	Work Phone:	Mobile Phone:
Residential Address:		
Email:	Occupation:	

## Emergency Contacts

<b>1</b>	Name:	Relationship to child:	
	Home Phone:	Work Phone:	Mobile Phone:
<b>2</b>	Name:	Relationship to child:	
	Home Phone:	Work Phone:	Mobile Phone:

## Medical Contacts

Medical Centre/Doctor: Address:	Phone:
Dental Clinic/Dentist Address:	Phone:

## Health

Immunisation Certificate-Sighted	YES	NO	REQUESTED	Completed:	YES	NO
Allergies:						
Medication:						
Hearing (including history of ear infections/glue ear) Sight: _____ Speech: _____						
Serious Problems:						

## Learning & Behaviour Needs

Does your child have any special leaning and behavioural needs? If so please record details:
Please circle whether your child has received special assistance in any of the following Reading / Behaviour / Speech / Motor Skills / Learning English / Gifted & Talented / General Learning Issues / Other If possible, please provide further details:

## Custody / Access Arrangements

Court Order Issued: YES NO NOT APPLICABLE	Sighted: YES NO REQUESTED
Custody / Access Arrangements (Attach separate sheet if more space required)	

I Certify that I have fulfilled my duty as guardian by consulting with/attempting to consult (delete one) with this child's other guardian about this enrolment.

Signed \_\_\_\_\_

## Siblings

Please record the details of family members likely to be attending this school in the future:

- |                |                |
|----------------|----------------|
| 1. Name: _____ | Birthdate: / / |
| 2. Name: _____ | Birthdate: / / |
| 3. Name: _____ | Birthdate: / / |

## Website Approval

I DO / DO NOT give consent for \_\_\_\_\_'s named school work to be included on websites and newspapers.

I DO / DO NOT give consent for \_\_\_\_\_'s named school photo to be included on websites and newspapers.

## After School Care

\_\_\_\_\_ I am interested in information about After School Care Programme \_\_\_\_\_

## Can you help the School?

Please tick which areas you may be able to assist us with:

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| _____ Classroom Helper                | _____ Reading Support                |
| _____ Library Helper                  | _____ Working Bees                   |
| _____ Fundraising Activities          | _____ Walking School Bus             |
| _____ Sports Team Coaching / Managing | _____ Business Sponsorship / Support |

## Additional Information

Is there anything else you need to tell us?    YES NO    (Please record details if YES)

### Prior-participation in Early Childhood Education

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

Instructions:

If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.

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.

If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

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. K hanga 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

Please tick the appropriate box	
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	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last \_\_\_\_ year(s).  
 Not regularly, only occasionally with no on-going schedule.  
 No, did not attend ECE.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information that the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further 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.

Signature of Parent / Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Birth Certificate/Passport copied     
  Information Book Issued     
  Proof of Address  
 Hearing and Vision consent     
  Full Enrolment Completed     
  Cyber safe Agreement

Year Level:

Room:

Teacher:

Admission Number:

Date of Entry: