



**UPPER MOUTERE
SCHOOL**

STUDENT ENROLMENT

National Student
Number

OFFICE USE ONLY
Year: _____ Room: _____
Date started: _____
Date Enrolled: _____
Enrolment number _____
DOB Residency
SM ENROL
Completed by _____

STUDENT DETAILS

Family name of Student _____
First names of Student _____ Preferred name _____
Primary carer's name/s (Parents/Caregivers/Legal Guardians – please indicate appropriate description)
_____ Phone number _____
Home address _____ Rural/Rapid No _____
_____ Post Code _____
Email address: _____
Gender M / F Date of Birth _____ (**Please provide Birth Certificate or Passport**)
Country of student's birth _____ Language/s spoken at home _____
Date first attending Upper Moutere School _____ Previous School _____
Early Childhood Education _____ Hours per week _____ Attended 6mo or less or No. Years ____
Permission to provide email to Supporters of **UMO School**(SUMS) Y / N Permission to email notices/newsletters Y / N

PARENT/CAREGIVER 1 DETAILS

Mother or _____ Legal Guardian Y/N

Family Name _____ First Names _____ Mrs/Ms/Miss/Mr
Address _____ Home phone _____
(if not same as students) _____ Work phone _____
Email _____ Cellphone _____
Occupation and workplace _____
Skills/interests you may be able to offer to the school _____
Other siblings likely to attend _____ Date of birth _____
_____ Date of birth _____

PARENT/CAREGIVER 2 DETAILS

Father or _____ Legal Guardian Y/N

Family Name _____ First Names _____ Mrs/Ms/Miss/Mr
Address _____ Home phone _____
(if not same as students) _____ Work phone _____
Email _____ Cellphone _____
Occupation and workplace _____
Skills/interests you may be able to offer to the school _____
If not at same address as student is an extra report required? Y/N

EMERGENCY CONTACT 1

Family name _____ First Name _____ Mrs/Ms/Miss/Mr
Home phone _____ Cellphone _____ Work phone _____
Relationship to student _____

EMERGENCY CONTACT 2

Family name _____ First Name _____ Mrs/Ms/Miss/Mr
Home phone _____ Cellphone _____ Work phone _____
Relationship to student _____

MINISTRY OF EDUCATION REQUIREMENTSResidency Yes No Details _____ NZ Entry Date _____**(Please provide proof of Residency)**Citizenship Yes No

Special Needs definition (if applicable) _____

Ethnicity – NZ European / Maori / (list other) _____

(if applicable) Iwi 1 _____ Iwi 2 _____

Distance to school from home _____

MEDICAL/DENTAL DETAILS

Doctor _____ Phone number _____

If student is a starting school for the first time are they Immunised? _____ Please provide the Immunisation Certificate which your doctor will issue to you on completion of immunisations to 5 years olds. If unable to provide this at time of enrolment please provide as soon as you are able.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Any medical problems, medication and information the school should be aware of?

Is your child enrolled at a dental clinic? If so, please specify which one _____

If you have moved into the Nelson/Marlborough/Tasman region from another area, please ask at the school office for a Dental Enrolment Form.

OTHERReligious Instruction Yes No Will the student be using the bus? Yes No

- I give consent for my child's hearing and vision to be tested.
- I give permission for the school to administer paracetamol to my child if required.
- I give permission for my child to take part in educational activities in the community environment within a 2km radius of the school.

Any custody/access arrangements? _____

Court Order issued? Y/N

Any other details that the school should be aware of

Confidentiality

In terms of the Privacy Act, this information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil and to meet the statutory requirements of the Ministry of Education. Information is held securely at Upper Moutere Primary School and used for the purposes of education only. It is accessible by staff members of the school and the Board of Trustees. 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.

Parent/Caregiver Verification

The information contained herein is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ Date _____

Please provide the following at the time of enrolment

1. This enrolment form, completed
2. Birth Certificate or Passport (ALL students are required to present this for verification)
3. Immunisation Certificate (if student is a 5 year old beginning school). Immunisation Certificates are obtained from your doctor and are different from the schedule of immunisations in the Plunket Book
4. Proof of Residency (if applicable)
5. Proof of Citizenship (if applicable)

SCHOOL STAMP