



Stoke School

Application for Enrolment

Enrolment No:

NSN no:

HOUSE:

Pupil Information

LEGAL SURNAME		LEGAL FIRST NAME/S	
PREFERRED FIRST NAME: PREFERRED SURNAME:		LIVING WITH	
DATE OF BIRTH		MALE / FEMALE	
COUNTRY OF BIRTH		DATE OF ENTRY TO NZ (if born overseas):	
FIRST LANGUAGE	ETHNIC GROUP (up to 3)	IWI STUDENT BELONGS TO – if applicable (up to 3)	
HOME PHONE NUMBER: MOBILE NUMBER:		EMAIL	
PREVIOUS PRESCHOOL ATTENDED		NUMBER OF HOURS PER WEEK AT AN EARLY CHILDHOOD EDUCATION SERVICE IN THE 6 MONTHS PRIOR TO STARTING SCHOOL	
DATE COMMENCED	B4 school check? YES / NO		
PREVIOUS SCHOOL ATTENDED (if applicable)		CURRENT SCHOOL LEVEL (if applicable)	
STARTING DATE AT STOKE		ESOL required (English lessons for speakers of other languages) Yes / No	
SIBLINGS ALREADY AT STOKE SCHOOL		SIBLINGS YET TO START AT STOKE SCHOOL	
1.	D.O.B	1.	D.O.B
2.	D.O.B	2.	D.O.B
SPECIFIC LEARNING NEEDS			
SPORTING, CULTURAL, MUSICAL INTERESTS			
ANY OTHER INFORMATION THAT WILL ASSIST STOKE SCHOOL TO ENSURE A SAFE ENVIRONMENT FOR YOUR CHILD:			

Medical Information

FAMILY DOCTOR	PHONE NO.		
KNOWN ALLERGIES:	MEDICATION		
HEALTH NEEDS: ASTHMA YES /NO	SIGHT	SPEECH	HEARING

Parent Information

CAREGIVER NAME (Mrs / Miss / Ms / Mr / Dr)	OCCUPATION	RELATIONSHIP
ADDRESS	IN ZONE: YES NO	
HOME PHONE NO	MOBILE NO	
PLACE OF EMPLOYMENT	WORK NO	
EMAIL ADDRESS		
CAREGIVER NAME (Mrs / Miss / Ms / Mr / Dr)	OCCUPATION	RELATIONSHIP
ADDRESS	IN ZONE: YES NO	
HOME PHONE NO	MOBILE NO	
PLACE OF EMPLOYMENT	WORK NO	
EMAIL ADDRESS		
CUSTODY / ACCESS ARRANGEMENTS		
YES / NO		

Emergency Contacts (other than parents)

NAME (1) (Mrs / Miss / Ms / Mr)	NAME (2) (Mrs / Miss / Ms / Mr)
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
ADDRESS	ADDRESS
HOME PHONE NO	HOME PHONE NO
MOBILE NO	MOBILE NO
WORK NO	WORK NO

PERMISSIONS: (TICK OFF)

- I give authority to the Principal/School to act on my behalf in any medical emergency and that any costs incurred will be at my expense.
- I give permission for my child to be included in photos, videos and to have his/her work published on our school website, school newsletter or other promotional activities so long as only their first name is used.
- I give permission for my child to attend all approved educational visits and trips including sports visits and special events. I agree to abide by all Board of Trustees Policies.
- I give permission for the school to request extra help from Special Education Services and Resource Teachers of Learning and Behaviour. I understand I will be informed if extra help is needed for my child.
- Information given on this form is true and correct. I understand that the information provided may be used for school-based activities and be passed to other agencies who work with the school for educational/health purposes. I understand my child's records will be passed to subsequent schools.

I AGREE TO:

- Work actively and cooperatively to uphold the image of the school – this includes showing our values and wearing our uniform
- Act in accordance with the School's Charter, we're STOKED values and Fair Play Sports Code.
- By enrolling my child I acknowledge the requirement to wear school uniform.
- I have completed milk in schools documentation as appropriate to my child. Also local walk and internet use documentation and will follow (and my child will follow) all policies procedures and guidelines.
- Ensure that myself and any person(s) in relation to my child on STOKE School grounds will meet the requirements of the school's Health & Safety Policy and Guidelines as outlined on the STOKE School website. (including bike track use)
- Ensure that myself and any person(s) visiting STOKE School for longer than 20 minutes between 9.15am and 2.45pm will sign in and out on the visitor's register located in the school office.

I understand that I may withdraw my permission in writing at any time for any of the above. Please deliver in writing to the school office.

I understand that any information provided on my child will be used to assist him/her and will be used according to the Provisions of the Privacy Act 1993.

I declare all information in this enrolment form to be accurate.

Signed..... (Mother/Father/Caregiver)

Date.....

If a caregiver other than a parent, please state your relationship to the child being enrolled.

(If you are not the child's parent completing this form, please provide an authority from the parent for this enrolment)

The following original documents are required before this application can be processed and must accompany this application (we will take photocopies of the documents at the school office):

If born in New Zealand:

- Proof of Address** (Utility bill such as rates, power, landline, SKY or rental agreement)
- NZ Birth Certificate or NZ Passport** ID number:
- Immunisation Certificate** or immunisation records
- Any legal custody/parenting documents:** (if applicable)

If born overseas:

- Proof of Address** (Utility bill such as rates, power, landline, SKY or rental agreement)
- Passport** ID number:
- Birth Certificate** ID number:
- Work/Student Visa/Permit** for Parent and Student ID number:
- Immunisation Certificate** or immunisation records
- Copy of recent school reports** (with verified English translation if required)
- Any legal custody/parenting documents** (if applicable)

Office admin: (cross out on receipt) permission forms – milk form, internet, identification, immunisation, allergies