



# MT COOK SCHOOL ENROLMENT FORM

160 Tory Street Wellington

Phone: (04) 385 9432

E Mail: office@mtcook.school.nz

## STUDENT DETAILS:

## Office use only:

Last name/Family name: \_\_\_\_\_

Enrolment Num: \_\_\_\_\_

All first names: \_\_\_\_\_

Enrolled: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Room: \_\_\_\_\_

Country of birth/citizenship: \_\_\_\_\_

Start Date: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Ethnic group identified with: \_\_\_\_\_

## What we need from parents:

Dental Form:

Birth Certificate copy:

Immunisation Form copy:

Passport copy:

Student Visa copy:

Work Visa copy:

Proof of Address copy:

New Zealand Resident? YES / NO

If NO, does student have student visa? YES / NO (copy of permit required)

Does parent have a work visa? YES / NO (copy of permit required)

Date student entered New Zealand:

Refugee Status: YES / NO      Parents country of birth:

**Dental Form (for overseas child/ren, must have student visa/s for 2 years or more)**

## CAREGIVER DETAILS: (please mention if there is a shared care arrangement)

1. \_\_\_\_\_ Lives with:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. \_\_\_\_\_ Lives with:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Contact 1: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

**MEDICAL INFORMATION: (allergies, asthma, other medical conditions, medication)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER INFORMATION:**

Previous School or Preschool: \_\_\_\_\_

Did your child regularly attend ECE?	Yes, for the last _____ years.			
	Not regularly, only occasionally or with no on-going schedule.			
	No, did not attend ECE.			
Did your child attend one or more ECE service in the six months prior to starting school?				
If attending more than one service at the same time, please enter hours per week (a - f) for up to three services or complete with a tick (g - j) for the last service/s attended.		Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo				
b. Playcentre				
c. Kindergarten or Education and Care Centre				
d. Home based service				
e. Playgroup				
f. The Correspondence School – Te Aho o Te Kura Pounamu				

g. Attended, but only outside New Zealand (please tick)		
h. Attended, but don't know what type of service (please tick)		
i. Did not attend (please tick)		
j. Unable to establish if attended or not (please tick)		

I/We acknowledge that the above information is true and correct.

I/We agree that our child shall abide by the school rules and policies.

I/We understand that the information on this form will be used by the school to maintain appropriate school records and effective contact with the enrolled student's parents/caregivers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ETHNIC GROUP IDENTIFIED WITH:**

Does the student have an affiliation with an(y) Iwi?	If yes then please complete the details below for Ministry of Education purposes.
<p><b>Iwi Affiliation:</b> Please enter the name(s) of the student's Iwi where the student identifies as belonging to one or more Iwi.</p> <p>Up to three Iwi affiliations may be entered for the student.</p> <p>If the student has an Iwi affiliation, but does not know the name of their Iwi, please enter "don't know"</p>	<p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p>



## Are you eligible for FREE dental care?

### Do you have the following?

- New Zealand permanent residency.
- A current work Visa/Permit, which entitles you to remain in New Zealand for two years (does not apply to diplomats or their staff).
- Refugee status.
- Some New Zealand funded student programmes (conditions apply).
- An Australian National (must live in Australia permanently prior to visiting New Zealand)\*\*.
- Citizen of the Commonwealth of Australia and people holding a current permanent residence visa (includes a resident return visa) issued by the Government of Australia are eligible for the full range of publicly funded health and disability service IF they are able to demonstrate they have, or intend to spend at least two consecutive years in New Zealand.
- Australian passport or other passport with Australian permanent resident/resident return visa AND evidence that New Zealand has been/will be their principal place of residence for at least two years (e.g. employment, house purchase). The two years is counted from their arrival date in New Zealand.
- National of the United Kingdom (have lived permanently in the UK prior to visiting\*\*).
- Is your partner a New Zealand citizen/permanent resident, or the holder of a two year work permit? (conditions apply).

\*\*The reciprocal agreement with Australia and the United Kingdom, i.e. FREE TREATMENT, only applies if the patient has their usual place of abode in these countries and is being treated in an EMERGENCY situation.

### To enrol your child, we will need copies of the following:

- Passport showing immigration visa information and stamp.
- New Zealand citizenship or other documents to confirm your status.
- Child/Children's birth certificate.
- Completed Bee Healthy enrolment form.

Please send copies of these documents to:

Bee Healthy Regional Dental Service, Private Bag 31907, Lower Hutt  
or email scanned copies to [dental@huttvalleydhb.org.nz](mailto:dental@huttvalleydhb.org.nz).

We are unable to enrol your child without these documents.



To enrol your child to receive FREE dental care, complete and return this form to:  
**Bee Healthy Regional Dental Service, Private Bag 31 907, Lower Hutt 5040**  
 For more information, free call 0800 TALK TEETH (0800 825 583) or visit our website [www.beehealthy.org.nz](http://www.beehealthy.org.nz)

**CHILD'S DETAILS**

Child's first name(s) \_\_\_\_\_

Child's surname \_\_\_\_\_ Also known as \_\_\_\_\_

Date of birth      /      /       Male  Female      NHI (if known) \_\_\_\_\_

Address Street \_\_\_\_\_

Suburb \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

**Child's ethnicity**

<input type="checkbox"/> NZ European/Pakeha	<input type="checkbox"/> Other European	<input type="checkbox"/> NZ Māori	<input type="checkbox"/> Fijian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Pacific Island not defined	<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Other Pacific Island	<input type="checkbox"/> Asian not defined	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> South East Asian
<input type="checkbox"/> Latin American/Hispanic	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other Asian	<input type="checkbox"/> African	<input type="checkbox"/> Other Ethnicity

Name of the preschool or school your child attends: \_\_\_\_\_

Preschool     School

**CHILD'S MEDICAL HISTORY**

Family Doctor \_\_\_\_\_ GP Practice Name \_\_\_\_\_

Please list any allergies/medical conditions or concerns you child has: \_\_\_\_\_

Please list any medication(s) your child takes: \_\_\_\_\_

**ELIGIBILITY**

Is your child a New Zealand citizen?  Yes     No      **If no please provide copies of:** Parent/Caregiver passports, child/children's passports. Birth certificate of child/children

Full name and date of birth for siblings already enrolled with Bee Healthy

Sibling 1 _____ / /	Sibling 2 _____ / /
Sibling 3 _____ / /	Sibling 4 _____ / /

**PARENT/GUARDIAN DETAILS**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

**ALTERNATIVE CONTACT PERSON**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

**AGREEMENT - Please tick and sign**

*This consent for will remain valid while your child continues to receive dental care provided by Bee Healthy Regional Dental Service on a mobile clinic or at a dental hub. Consent can be withdrawn at anytime by contacting Bee Healthy: 0800 TALK TEETH (825 583).*

- I AGREE for my child to be enrolled with Bee Healthy Regional Dental Service for regular dental check-ups.
- I AGREE for my child to receive fluoride varnish application, and teeth cleaning.
- I AGREE to the use of dental x-rays for detecting decay and other conditions when indicated.
- I understand that should any preventive coatings, fillings or extractions be required, my consent for these will be requested before these are provided

Parent/ Guardian name \_\_\_\_\_ Signed \_\_\_\_\_ Date      /      /

## Vision & Hearing Screening

Vision & Hearing screening services are provided in schools and early childhood centres.

Your child will be routinely screened by the Vision & Hearing Technician if your child has not had a B4 School Check.

### Vision screening

Letters are matched at a four metre distance and your child will be asked to point out the same letter on a card.

### Hearing screening (Audiometry)

An audiometer makes a range of sounds through headphones while your child listens. If your child does not respond to each sound, another test, tympanometry, may identify:

- Glue ear / fluid
- Grommets / perforation of ear drum
- Wax / obstruction

*Please note: Screening tests are not a full assessment of your child. Contact your family doctor if you have concerns about your child's ears. Contact an optometrist or ophthalmologist if you have concerns about your child's vision.*

Regional Public Health  
Better Health For The Greater Wellington Region



Regional Public Health | [www.rph.org.nz](http://www.rph.org.nz) | 04 570 9002

VH03 Non-consent pamphlet

### Results of screening tests

All children screened will take home a result slip. Results will be entered on the Ministry of Health or Ministry of Education secure databases.

Contact details will only be requested if a referral is required.

Maria Storey  
Vision & Hearing Technician  
Phone: 04 587 2956

Your child will be screened unless you complete the opt off form below.

*Please return completed form to your child's ECC/school.*

## NON CONSENT (I do not agree)

Child's name: .....

Child's DOB: .....

My child is under specialist care for ears

My child is under specialist care for vision

### I DO NOT agree to my child having:

Hearing screening

Vision screening

Parent/guardian signature: .....

Date: .....

March 2014

Dear Parent/Guardian

Welcome to Central Library.

Your child will be visiting with their class during school time. These visits are designed to help your child use the library and to encourage a love of reading.

Your child will need a library card to borrow items during these visits. Library cards are free and registration forms are available from the library. As the parent/guardian you are responsible for all material borrowed from the library by your child, we ask that you return all items by the due date, otherwise you will be liable for a charge on each item. Your child will be issued a receipt for all items issued. You can also check your child's card on our website [www.wcl.govt.nz](http://www.wcl.govt.nz) or by calling our automated phone service 384-7640.

Books borrowed during a class visit will be issued for 6 weeks to allow for the time between library visits, and to avoid overdue charges as much as possible. Items borrowed outside class visits will be issued for regular loan periods.

Rather than children needing to have their library cards with them each time they visit, we offer a 'class list' system, whereby your child's card number is noted on a list kept at the library (used only at class visit time).

We need your permission before your child's name is added to the list, to indicate that you are aware that books are borrowed at school-visit time (the books will show up on the 'home card'). Permission to borrow during class visits will continue while your child attends Mount Cook School. If at any time you prefer that your child does not borrow books on class visits please visit or call us on 801 4045.

Please sign the permission slip below and return this form to the class teacher if you wish your child to be part of the class list system.

Kind regards,

Central Children's and Young Adult's Library Team

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Class Card Permission Slip

I give permission for \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

in Room \_\_\_\_\_ at Mt Cook School  
to have a 'Class Card' at Central Library.

My child's card number is C \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MT COOK SCHOOL**  
160 Tory Street  
Wellington  
Ph: (04) 3859432 Fax: (04) 3859933

# APPLICATION FOR REGISTRATION AS A BORROWER - UNDER 18

Absolutely Positively  
**Wellington City Council**  
Me Heke Ki Pōneke

To be completed for all borrowers under 18 years of age

Wellington City Libraries  
TE MATAPIHI KI TE AO NUI

Office Use Only		Family Name	
Guarantor's card			
Borrower number	Gender	First names	Date of birth
		1	
		2	
		3	

## Your Details (Please print)

Your personal information is required so that library services may be delivered to you. From time to time the library may contact you with information about our products and services.

Address

Suburb/city

Postcode

Home phone

Mobile

Email

## This section to be completed by parent/guardian

Mr/Mrs/Miss/Ms

Family name

First names

I give permission for another adult (eg Other Parent/Grandparent) to have full access to this card.

## Second address

Wellington City Libraries require additional contact details to enable us to remain in contact with you should you move or go on holiday. This may help avoid overdue charges accumulating. Please supply a second address in New Zealand eg relative, employer, friend, to ensure mail can be forwarded when necessary.

Second contact name and address

Suburb/city

Postcode

Home phone

## Terms and conditions

I apply for a borrower's card and undertake to return all items borrowed from the library by the due date, to notify change of address or lost/stolen card immediately, and to pay upon demand any rental charges, overdue charges, damages and replacement charges. I agree to information being passed to a debt-collection and credit-reporting agency should I default.

Wellington City Libraries will pass on any costs (including commissions and/or legal fees) incurred by us in recovering the money you owe.

Parents Signature

Date

Please turn over to complete a personal profile of your library needs