

## ENROLMENT FORM

160 Tory Street Wellington

Phone: (04) 385 9432

E Mail: [office@mtcook.school.nz](mailto:office@mtcook.school.nz)

### STUDENT DETAILS:

Office use only:

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

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

First & middle names: \_\_\_\_\_

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

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

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

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

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

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

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

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

**What we need from parents:**

Birth Certificate Copy:

Immunisation Form Copy:

Passport Copy:

Student Visa Copy:

Work Visa 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: \_\_\_\_\_

Proof of Address:

Dental Form: enrolment to be completed online or phone Bee Healthy 0800 825 583

<https://www.beehealthy.org.nz/dental-care-for-children/enrol-online/>

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

Name: \_\_\_\_\_ Lives with:

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

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

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

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

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

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

Name: \_\_\_\_\_ 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, other medical conditions, medication)

*Immunisation certificate must be sighted for all students*

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.

a. Kohanga Reo	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
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.
Iwi Affiliation: Please enter the name(s) of the student's Iwi where the student identifies as belonging to one or more Iwi.	Iwi: Rohe (Iwi home area):
Up to three Iwi affiliations may be entered for the student.	Iwi: Rohe (Iwi home area):
If the student has an Iwi affiliation, but does not know the name of their Iwi, please enter "don't know"	Iwi: Rohe (Iwi home area):



Mana Tamariki  
Manaakitanga  
Auahatanga  
Waewae Kai Kapua

### Mt Cook School Students Permissions

In the event of an accident or sudden illness, I/we authorise the staff of Mt Cook School to obtain such medical assistance as may be necessary when I/we cannot be contacted.

**First Aid Consent:** I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

**No**

**Yes**

**Pain Relief Consent:** I/we give permission for staff at Mt Cook School - Wellington to administer pain relief or other medication as listed on this child's records, if required.

**No**

**Yes**

**Vision and Hearing Testing Consent:** I/we give permission for this child to undergo vision and hearing testing.

**No**

**Yes**

**EOTC Trip Consent :** I/We give consent for this child to participate in local walking trips/visits without my prior knowledge?

**No**

**Yes**

**Device / Internet Consent:** I consent for my child to have access to a school email, Google Apps for Education and login to different devices. I have explained to my child to behave in ways that are safe online, to be kind and responsible when using devices and accessing the digital world.

**No**

**Yes**

**Publication Consent :** I consent for my child's image to be published in the newspaper, magazine, school website, FACEBOOK and Seesaw or other publication deemed appropriate by the School for informational or educational purposes regarding the School's programs or curriculum.

**No**

**Yes**

Signed \_\_\_\_\_

Name \_\_\_\_\_