



Mana Tamariki
Manaakitanga
Auahatanga
Waewae Kai Kapua

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: _____

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:

New Zealand Resident? YES / NO

Birth Certificate Copy:

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

Immunisation Form Copy:

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

Passport Copy:

Date student entered New Zealand:

Student Visa Copy:

Refugee Status: YES /NO. Parents country of birth:

Work Visa Copy:

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?	<ul style="list-style-type: none">• Yes, for the last _____ years.
	<ul style="list-style-type: none">• Not regularly, only occasionally or with no on-going schedule.
	<ul style="list-style-type: none">• 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>Iwi Affiliation: 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>



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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 _____