

## Dear Parents / Caregivers

Principal

Thank you for your enquiry about enrolling your child at our school. Attached is the Enrolment Application Form. Please note, that all enrolment documentation is required before we can process your application – we are happy to photocopy documents for you.

of

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To enroll your child, please provide:
<ul> <li>Enrolment Application Form</li> <li>Proof of residential address is required for enrolment of oldest child only. We require a copy of two the following:</li> <li>Current Porirua City Council rates account</li> <li>Recent utility account (e.g. power, gas, Sky)</li> <li>Current tenancy agreement</li> <li>Property purchase agreement</li> </ul>
☐ Birth Certificate (preferred) or Passport
or
■ NZ Residency Permit or Student Visa/Permit plus birth certificate, together with parent's passport with valid work permit
☐ Immunisation Certificate. All primary schools are required to keep a register recording the immunisation status of all enrolled children
Before and after school care facilities are provided in our school hall by After School Fun Club. For enquiries please contact their office on phone 234 6440 or email <a href="mailto:office@asfc.co.nz">office@asfc.co.nz</a> .
If you have any questions please feel free to give us a call. We look forward to receiving your enrolment application with the supporting documents listed above.
W. John Wootton



Longitude Place, Whitby, PORIRUA 5024

Phone: (04) 234 7220 Cellphone: 027 329 7799

Email: <a href="mailto:office@adventure.school.nz">office@adventure.school.nz</a>
Web: <a href="mailto:www.adventure.school.nz">www.adventure.school.nz</a>

## **ENROLMENT APPLICATION FORM**

STUDENT DETAILS					
Legal <b>Surname</b> :		Legal First Names:			
Preferred Surname:		Preferred First Name:			
Date of birth: / /	Male / Female	Year level:	Start Date:	/ /	
Previous school / Pre-school:					
Place in family:	Eldest sibling at this school:				
Family members likely to atten	id in the future (inclu	ding DOB):			
STUDENTS ETHNIC BACKG	ROUND				
		Citizen / Resident / Student Visa / other:			
Verification document: Birth c	ertificate / NZ passp	ort / Resident or Study \	isa / other:		
Ethnicities:		Visa / Residency expiry date: / /			
		Language spoken at home (if not English):			
Iwi/Hapu:					
EARLY CHILDHOOD EDUCA	ATION (complete fo	or 5 year olds only)			
Did your child regularly attend	early childhood edu	cation?			
	Yes, for the la	st years			
	☐ Not regularly,	only occasionally or wit	h no on-going s	schedule	
	No, did not at	tend			
For the 6 months prior to start	ing school which serv	vices will your child atter	nd?		
Please select up to 3 services a	nd indicate the hour	s ECE 1	ECE 2	ECE 3	
per week:		(Hrs per wk)	(Hrs per wk)	(Hrs per wk)	
Kohanga Reo					
Playcentre					
Kindergarten or education and care centre					
Home based service					
Playgroup					
Correspondence School – Te A	ho oTe Kura Pounam	u			
OR					
Attended, but only outside Nev					
Attended, but don't know wha					
Did not attend					

PRIMARY PARENT / C	AREGIV	ER DETAILS			
Miss / Ms / Mrs / Mr	Relation	nship:		Student living with you: YES / NO	
Surname:		First name:			
Address:			•		
Home phone: Work phone:			Mobile:		
Email:		Occupation:			
NAiss / NAs / NAss / NAss	Dolotion	a chin.	•	Ctudent living with your VEC / NO	
Miss / Ms / Mrs / Mr Surname:	Relation	isnip:	First name:	Student living with you: YES / NO	
	abovo):		First name:		
Address (if different from above):			T Markilla.		
Home phone:		Work phone:	0	Mobile:	
Email:			Occupation:		
OTHER GUARDIAN/CARE	GIVER: (e	.g. Step-parent or	living with grandp	parent)	
Relationship:			Student living with you: YES / NO		
Surname:			First name:		
Address:			I		
Home phone:		Work phone:		Mobile:	
Email:		<u> </u>	Occupation:		
CARE ARRANGEMENTS A					
Legal Guardians (If other t					
Custody or Parenting Agressupply details below:	eement in	n place? YES / NC	). If yes, please at	tach relevant documentation and	
Supply details below.					
Court Order issued? YES	/ NO.	If yes, please supp	ly a copy.		
If parents not living togeth				nool reports to?	
,					
SICKNESS/EMERGENC	Y CONT	ACTS (People yo	u authorise to col	lect your child from school to care	
for them in the event of s	ickness/	civil defence emer		al to parents/caregivers.)	
Surname:		First name:			
Relationship:	Male / Female				
Home Ph:	Mobile No:				
Surname:			First name:		
		Male / Female			
Home Ph:	Mobile No:				
Surname:			First name:		
		Male / Female			
Home Ph:		Mobile No:			
			1		

HEALTH	
Doctor:	Phone:
Medical Clinic / Address:	
Paracetamol to be administered: YES NO	
Fully immunised: YES NO	(Please provide a copy of immunisation records)
Does your child have any problems with:  - Speech - Vision - Hearin If yes, please provide brief details:	YES NO
Allergies, please sp	,
LEARNING AND BEHAVIOUR	b be aware of to meet their needs? YES NO
Does your child have a learning difference we need to If yes, please supply details:	o be aware of to meet their needs? YES NO
Is your child receiving any assistance from outside ag If yes, please supply details:	encies e.g. RTLB, SES, CAMHS YES NO
Do you have any concerns regarding your child's deve If yes, please supply details:	elopment? YES NO
Other relevant information about your child:	

## **STUDENT ABSENCE NOTIFICATION**

The Ministry of Education requires notification of a child's absence from school and the reason for the absence. Absences of a week or more must be advised in writing. By law, the school records all absences with explanations. You must notify the school office if your child is not attending by:

- Telephone (04) 234 7220 and leave a message
- Phone or text 027 329 7799
- Skoolbag App
- Email <u>office@adventure.school.nz</u>

The Public Health Nurse advises that children who have had vomiting or diarrhoea must be off school for 48 hours after the last symptoms.

ENROLMENT ZONE						
The Trustees of Adventure School	need to know they are	e providing serv	ices to families with	nin our		
Enrolment Zone. Enrolment is based on the permanent residential address of the student at the time they						
commence at Adventure School. 1	herefore, please comp	olete the form b	elow:		ļ	
- My child(ren) and I live at th	e address stated on thi	is form		YES	NO	
- I will advise the school imme	ediately if we move fro	m the stated ac	dress	YES	NO	
Please supply <b>two</b> of the following	g: (oldest child only)					
Current Porirua City Council Ra	tes account					
Recent utility account (e.g. pov	ver, gas, Sky)					
Current tenancy agreement						
Property purchase agreement						
PARENT APPROVALS						
I consent to my child:						
being seen by the Public Heal	h Nurse and/or Hearin	ng & Vision Test	ng Technician			
taking part in activities within	the immediate school	area (e.g. walk	to Whitby Mall)			
taking part in extra-curricular				arge		
I agree:			·			
that the school will take actio	n on my behalf in case	of sudden illne	ss or injury			
to abide by the school's polici	es					
to my child wearing the comp	ulsory school uniform					
that the school may forward r	•	Idress to a pote	ntial intermediate o	or secor	ndary	
	•	•			•	
school						
school						
Checklist – documents attached	udent er Pecident Vica					
Checklist – documents attached  Birth certificate / Passport / St		1				
Checklist – documents attached  Birth certificate / Passport / St  Proof of address (required for		1				
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