

Horohoro School Pupil Enrolment

STUDENT DETAILS								
STUDENT 1 FAMILY NAME				FIRST NAMES				
DATE OF BIRTH / /				YEAR LEVEL	SEX	<input type="checkbox"/> BOY	<input type="checkbox"/> GIRL	
STUDENT 2 FAMILY NAME				FIRST NAMES				
DATE OF BIRTH / /				YEAR LEVEL	SEX	<input type="checkbox"/> BOY	<input type="checkbox"/> GIRL	
STUDENT 3 FAMILY NAME				FIRST NAMES				
DATE OF BIRTH / /				YEAR LEVEL	SEX	<input type="checkbox"/> BOY	<input type="checkbox"/> GIRL	
STUDENT 4 FAMILY NAME				FIRST NAMES				
DATE OF BIRTH / /				YEAR LEVEL	SEX	<input type="checkbox"/> BOY	<input type="checkbox"/> GIRL	
PRIMARY ETHNICITY				SECONDARY ETHNICITY				
HOME LANGUAGE/S				COUNTRY OF BIRTH				
PARENT / CAREGIVERS DETAILS				SECOND PARENT DETAILS (IF ANY)				
NAME				NAME				
RELATIONSHIP TO CHILD	OCCUPATION			RELATIONSHIP TO CHILD	OCCUPATION			
HOME PHONE	MOBILE			HOME PHONE	MOBILE			
WORK PHONE	EMPLOYER			WORK PHONE	EMPLOYER			
EMERGENCY CONTACT/S				MEDICAL DETAILS				
NAME				DOCTOR			DENTAL CLINIC	
RELATIONSHIP TO CHILD	OCCUPATION			PHONE			PHONE	
HOME PHONE	MOBILE			HEALTH ISSUES				
HOME ADDRESS								
PARENT'S EMAIL						DO YOU WANT TO RECEIVE NEWSLETTERS VIA EMAIL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER DETAILS								
LEARNING AND BEHAVIOUR NEEDS								
CUSTODY ARRANGEMENTS (A COPY OF ANY COURT ORDER WILL BE REQUIRED)								
MEMBERS OF THE FAMILY LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE	NAME					DATE OF BIRTH / /		
	NAME					DATE OF BIRTH / /		
	NAME					DATE OF BIRTH / /		

EDUCATION OUTSIDE THE CLASSROOM (EOTC)

EOTC is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

Our school believes in using a range of environments and experiences to enhance our students' learning.

We have ready access to our rural environment, the marae and surrounds. There are many learning opportunities in Rotorua such as the museum, library and outdoors. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

BLANKET CONSENT

Where the school has decided an EOTC event fits in to a low risk category (an event that is no more risky than a normal family outing) I/we agree to the participation of our child/children in EOTC events while they are a student at Horohoro School

YES

NO

RELIGIOUS EDUCATION

Our school offers 30-40 minutes per week of Christian religious instruction with an instructor from outside of the school. Most students attend these sessions unless they have alternative religious beliefs

CONSENT

Do you give consent for your children to attend religious education classes?

YES

NO

ONLINE PUBLISHING

We maintain a low profile online with a school Facebook page. From time to time photos of children completing fun or interesting activities are either shared on Facebook directly, or are included in our newsletter which is shared on Facebook.

CONSENT

Do you give consent for your child/children to have their image, or their school work shared on the internet?

YES

NO

IMMUNISATION

Please confirm whether or not your child is fully immunised or not. Your child's/children's immunisation status will not effect if they can be enrolled, but it is crucial that we know if your child/children are not immunised if there is an outbreak of a disease (e.g. measles or whooping cough)

YES

NO

IWI YOUR WHĀNAU IDENTIFY WITH

Tick as many as you wish, **underline any that are prominent in your whānau**, write any additional iwi in the spaces provided

<input type="checkbox"/> Te Arawa	<input type="checkbox"/> Ngati Makino	<input type="checkbox"/> Ngati Tahu	<input type="checkbox"/> Ngati Tuwharetoa
<input type="checkbox"/> Ngati Whakaue	<input type="checkbox"/> Ngati Rangitahi	<input type="checkbox"/> Ngati Whaoa	<input type="checkbox"/>
<input type="checkbox"/> Ngati Kea Ngati Tuara	<input type="checkbox"/> Ngati Rangiwewehi	<input type="checkbox"/> Ngati Tarawhai	<input type="checkbox"/>
<input type="checkbox"/> Ngati Pikiao	<input type="checkbox"/> Tapuika	<input type="checkbox"/> Ngati Tura-Ngati Te Ngakau	<input type="checkbox"/>
<input type="checkbox"/> Tuhourangi	<input type="checkbox"/> Waitaha	<input type="checkbox"/> Ngati Uenukukōpako	<input type="checkbox"/>
<input type="checkbox"/> Te Roro o te Rangi	<input type="checkbox"/> Ngati Ngararanui	<input type="checkbox"/> Ngati Wahiao	<input type="checkbox"/>
<input type="checkbox"/> Ngati Rangiteaorere	<input type="checkbox"/> Ngati Rongomai	<input type="checkbox"/> Ngati Manawa	<input type="checkbox"/>

IN TERMS OF THE PRIVACY ACT, I

1. UNDERSTAND THAT THE INFORMATION ON THIS FORM IS COLLECTED TO FORM PART OF THE ESSENTIAL INFORMATION THE SCHOOL HOLDS ON MY CHILD. THE RECORDS MADE FROM THE INFORMATION MAY BE VIEWED ON REQUEST AT THE SCHOOL. I APPROVE THE FORWARDING OF INFORMATION WHEN MY CHILD TRANSFERS TO ANOTHER SCHOOL. I FURTHER APPROVE THE FORWARDING OF MY CHILD'S NAME AND ADDRESS IN REQUEST TO POTENTIAL INTERMEDIATE OR SECONDARY SCHOOL, DENTAL SERVICE OR VACCINATION TEAM.
2. UNDERSTAND THAT THE SCHOOL WILL TAKE ACTION ON MY BEHALF IN CASE OF SUDDEN ILLNESS OR INJURY, AND I AGREE TO ABIDE BY SCHOOL POLICIES.

SIGNATURE OF PARENT /
CAREGIVER

DATE