

COLEY STREET SCHOOL

"Always Our Best"



Enrolment Form

STUDENT DETAILS:

Legal Name: _____ First Names: _____

Preferred Name: _____ Gender: Male Female Current Year Level: _____

Date of Birth: ____/____/____ (please provide a copy of the child's Birth Certificate or passport)

Address: _____

Last School/ECE Attended: _____ Last Dental Clinic Attended: _____

Other brothers/sisters currently at Coley Street School: _____

Names and DOB of any preschool brothers/sisters: _____

Were you born in NZ: Yes If not, state nationality: _____

(If born outside of NZ, please attach evidence of immigration status.)

Ethnicity (please tick all that apply, up to 3 ethnicities)

NZ European or Pakeha NZ Maori Other (Please specify) _____

Iwi: (you can record up to 3 if applicable: _____

PARENT / CAREGIVER DETAILS:

Parent:

First Name: _____ Surname: _____ Title: (circle) Mr Mrs Miss Ms

Relationship: (circle) Mother Father Caregiver Other (Please state) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Work Place: _____

Email address: _____

Parent:

First Name: _____ Surname: _____ Title: (circle) Mr Mrs Miss Ms

Relationship: (circle) Mother Father Caregiver Other (Please state) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cellphone: _____

Occupation: _____ Work Place: _____

Email address: _____

Caregiver:

First Name: _____ Surname: _____ Title: (circle) Mr Mrs Miss Ms
Relationship: (circle) Mother Father Caregiver Other (Please state) _____
Address: _____
Home Phone: _____ Work Phone: _____ Cellphone: _____
Occupation: _____ Work Place: _____
Email address: _____

EMERGENCY CONTACT:

First Name: _____ Surname: _____ Title: (circle) Mr Mrs Miss Ms
Relationship: (circle) Grandparent Aunty Friend Other (Please state) _____
Home Phone: _____ Work Phone: _____ Cellphone: _____

MEDICAL / OTHER DETAILS

List any medical problems, allergies, or other health-related information the school should be aware of: _____

Doctor: _____

List any other information the school should be aware of: (family circumstances, access rights, learning, behaviour...)

Will your child be traveling by bus? Yes No

Do you require an extra report? Yes No Name: _____

Address: _____

CONFIDENTIALITY

This information is requested by the school for communication, support and safety of the student, and to meet statutory requirements. Information is held securely and will only be given to relevant Government agencies, such as Public Health, where appropriate. Your child's records will be forwarded to a subsequent school on notification of enrolment.

PARENT/CAREGIVER AND STUDENT VERIFICATION

The information on this form is true and correct.

I agree to:

- Advise the school of any change in circumstances so that accuracy and contacts may be maintained;
- To abide by school policies, expectations and procedures;

SIGNED: _____
Parent/Caregiver

_____ *Date*

**We provide all children with values, attitudes, and skills for powerful life-long learning.
'Coley Kids' think, strive, care and are proud.**

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EARLY CHILD EDUCATION

Did your child attend one or more Early childhood Education services(s) in the six months before starting school: Yes / No

If yes, please complete the table below for the last service(s) attended:

Please enter the number of hours per week for up to three services:	Service 1 (hrs/wk)	Service 2 (hrs/wk)	Service 2 (hrs/wk)
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 Paounamu			

Or

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

Did your child regularly attend Early childhood Education:

- Yes, for the last _____ year(s)
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

Office Use : **Name:** _____

Birth Certificate / passport - copy provided		Start Date	
Permission Form		Year Level	
Immunisation certificate provided		Room	
Cyber Safety Use Agreement signed		School Enrollment #	
Etap		House	
ENROL		NSN	
Bus Roll		NE school visits	
Requested records			
Individual Folder			

SCHOOL PERMISSION FORM



"Always our best"

I give permission for: _____ (Child's name)

- ◆ for **First-Aid** to be administered to my child
- ◆ for a Referral to the **health service** for:
 - **School Health Nurse**
 - **Vision and Hearing**
- ◆ for the school to **inspect** my child's hair for **head-lice**
- ◆ to be take part planned **school activities** in the local community
e.g. Foxton Swimming Pool, Fire Station, Museum, Manawatu College
- ◆ to take part in class **religious instruction**
- interdenominational, low key activities, songs, school values, and passages from the Bible.
- ◆ to hand on my **child's records** to their future schools/college in the interest of their education.
- ◆ to support the school-wide **Positive Behaviour 4 Learning** policy
- as outlined in the school information booklet.
- ◆ I give my child's teachers, Senco, Learning Support Coordinator and Principal permission to discuss my child in order to seek **additional learning support** for my child.

Signed: _____

Date: / /

Parent / Caregiver

DIGITAL TECHNOLOGY and ONLINE USER AGREEMENT

OVERVIEW

Digital technologies are tools that can help us learn at school in all sorts of ways. Some of these ways include looking at interesting things online, talking to people, creating music and media, gathering new ideas, and learning how to use tools.

When we use digital technologies and online spaces it's important that we learn ways to keep ourselves safe, and that we make positive choices in ways we behave when we are online. At Coley Street we call this being a 'digital citizen' and good digital citizens help to make our school a safe and positive place for everyone.

STUDENT STATEMENT

I know about the ways I should use digital devices and online spaces at school for learning. I know that I should be kind, careful and responsible when I use devices, and when I go online.

I know that if I behave in ways that are not safe online, or kind or responsible, that this is not okay at Coley Street School. There may be some actions that my school might have to take, such as not being able to use the school device.

I understand and agree to use digital technology and the internet at school safely and for learning, when on a school device.

Signed _____

Name _____

Date _____

PARENT/ WHĀNAU/ GUARDIAN DECLARATION

I know that if my child makes choices or behaves in ways that don't align with this Student User Agreement there may be consequences or outcomes that the school will talk about with me.

- I agree to my child's photo and first name being in the school newsletter, website, and competitions that my class may enter throughout the year. **YES / NO**

Signed _____

Name _____

Date _____