



Belmont School Pre Enrolment Form

STUDENT DETAILS

Legal Full Name: _____
First Name *Middle name/s* *Family Name*

Preferred Name: _____ Gender: (*circle one*) Male / Female

Address: _____ Date of Birth: ____/____/____

Postcode: _____ Ethnicity: _____

Home Phone No: _____ Citizenship: _____

Mobile No: (to notify an Emergency Evacuation) _____ Iwi 1: _____

Email Address 1: (for school correspondence) _____ Iwi 2: _____

Email Address 2: (for school correspondence) _____ First Language: _____

Position of child in Family: _____ of _____ Other Languages Spoken at home: _____

Please list other siblings and their birth dates: _____

Name of Previous School (if applicable): _____ Year Level: _____

CAREGIVER INFORMATION

Mother's Name: _____

Father's Name: _____

Home Phone No: _____

Home Phone No: _____

Mobile No: _____

Mobile No: _____

Email Address: _____

Email Address: _____

Address if different from Child: _____

Address if different from Child: _____

Work Phone No: _____

Work Phone No: _____

Occupation: _____

Occupation: _____

Language Spoken: _____

Language Spoken: _____

Child lives with (*circle one*): Both Parents Mother Father Shared Custody Caregiver
Other Information: (Restricted Access etc) _____

MEDICAL INFORMATION

Doctor's Name: _____

Doctor's Phone No. _____

Please state any medical condition the school needs to be aware of: _____

* **Medication** can be held in a secure cupboard for students. If you would like medication to be held for your child please complete the **Administration of Medication form**. Students should not hold medication in their school bags/classroom.

* Should your child suffer from any **Allergies** please request and complete an **Allergic Reaction Action Plan form**.

* Medication that needs to be administered for a short period of time (eg. antibiotics) will need to have the 'Permission to administer medication register' signed by a parent/caregiver.

OTHER AGENCIES

If your child has been or is being seen by other agencies to support their development please give details below:

STUDENTS CONTACTS LIST

These contacts will be used to notify any student sickness, absences etc. Please include parents/caregivers below and list all contacts in priority order. (Please complete all 3)

1st Contact

Name: _____

Relationship to Child: _____

Contact Phone No: _____

Lives with Child: *(circle one)* Yes / No

2nd Contact

Name: _____

Relationship to Child: _____

Contact Phone No: _____

Lives with Child: *(circle one)* Yes / No

3rd Contact

Name: _____

Relationship to Child: _____

Contact Phone No: _____

Lives with Child: *(circle one)* Yes / No

In an Emergency Evacuation we will contact the person nominated below by text.

In an Emergency Evacuation I would like my child to be collected by:

Name: _____

Mobile: _____

EARLY CHILDHOOD EDUCATION (ECE)

Early Childhood Centre/Provider 1: _____ Age when attending: _____ No. of Hours regularly attended: _____

Early Childhood Centre/Provider 2: _____ Age when attending: _____ No. of Hours regularly attended: _____

Early Childhood Centre/Provider 3: _____ Age when attending: _____ No. of Hours regularly attended: _____



Belmont School Student Permission's Form

Childs Name _____

Please indicate your agreement/disagreement by circling either yes or no. Then sign and date the bottom of this form.

▪ **Medical Treatment**

I give permission for the school to sanction any required emergency medical treatment and agree to abide by the school's protocol for decision making.

YES / NO (please circle)

▪ **Walks In the Local Environment**

I give permission for my child to go on walks in our local environment for educational purposes appropriate to the school environment. Specific permission will be sought for trips involving greater distances or high risk situations.

YES / NO (please circle)

▪ **Applying Sunscreen**

I give permission for my child to have sunscreen applied as necessary during outdoor activities.

YES / NO (please circle)

▪ **Publication of Student's Name and Photos on Facebook**

I give permission for Belmont School to publish my child's first name and photo on Facebook & the school website acknowledging celebrations.

YES / NO (please circle)

▪ **Photography/Reproduction of Student Work**

I give permission for Belmont School to use examples of my child's work or photographs of my child while taking part in various activities at school. These photographs could appear on our website or on promotional material or other forms of media eg. newspaper, television etc. If students are to be identified by name, specific permission will be sought.

YES / NO (please circle)

▪ **Internet Safety** – *please read the enclosed Responsible Use Agreement*

My child and I have read the Belmont School Responsible Use Agreement and we are aware of the school's initiatives to maintain a Net Safe learning environment, including my child's responsibilities. My child and I agree to abide by the Responsible Use Agreement

Please complete Parent Declaration and return with the enrolment forms

YES / NO (please circle)

▪ **Fonterra Milk for Schools**

Our school participates in the Fonterra Milk for Schools programme. Fonterra Milk for Schools will supply a chilled 200ml pack of Anchor Lite UHT milk from Monday through to Thursday for students that have caregiver's permission. If you would like more information about the programme visit www.fonterramilkforschools.com

I give permission for my child to participate in the Fonterra Milk for Schools programme

YES / NO (please circle)

Caregivers Name: _____

Caregivers Signature: _____ Date: _____

Unless otherwise notified this permission will remain current for the duration of your child's time at Belmont School.

PRIVACY STATEMENT

The school collects the information on this form to:

- » enrol your child at school
- » assess the educational needs of your child
- » ensure the school gets the correct resources from the Ministry of Education for your child.

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

Youth Service: The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.

ENROLMENT CHECKLIST

To complete this pre enrolment Belmont School and the Ministry of Education requires:

- All sections of the above form completed (*mark N/A where information not applicable*)**
- Your child's New Zealand Birth Certificate or current Passport (*we can photocopy this for you*)**
- An Immunisation Certificate completed by your doctor (*please inform us if you have elected not to immunise*)**
- A completed Permissions Information Form**
- Proof of Address for In zone students**

Also required if applicable to your child:

- Administration of Medication form**
- Allergic Reaction Action Plan form**

WHAT HAPPENS NOW?

Once you have submitted these forms the information will be processed and we will hold your pre enrolment on file. As **Belmont School is governed by an Enrolment Scheme** students will be enrolled if they live within the home zone. All other pre enrolments will be held for our out of zone ballot that is held during September for the following year. All enrolment scheme and ballot information can be found on our school website www.belmont-lowerhutt.school.nz . *The enrolment of out of zone students is governed by the provisions of the Education Act 1989.*

On acceptance and closer to the date of your child's 5th birthday we will contact you about your child's transition to school. This will include an invitation to a Pre-School Information Meeting with our New Entrant Teachers and your child's transition to school visit dates. These visits are usually on the three Friday mornings before your child starts school, from 8.50am-12.15pm. (These dates can differ with school holidays etc). The transition visits are designed to enable your child to become familiar with the school environment and routines, but, most importantly, to become comfortable with the teacher and other children in their class. This transition programme provides many opportunities for these special relationships to develop.

Belmont School
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