



# Hutt Central School

## Enrolment Form

Child's family name:	Gender:	Date of birth: ..... Please provide a birth certificate or passport to be photocopied
Child's first names:	Preferred name:	
Address: .....		Postal Code.....
<i>Please attach proof of residential address if within our school zone</i>		Phone: .....

Ethnic Group child relates to: ..... <i>If Pacific Island, please state which</i>	Māori: ..... <i>Please state Iwi</i>	Country of birth: .....
Date of arrival in New Zealand: ..... <i>If applicable</i>	Language(s) spoken at home: .....	Permanent Resident: ..... <i>If No, please attach appropriate via documentation</i>

For New Entrant students:  
Please indicate which early childhood providers your child has been enrolled within the last year and the approximate hours per week of attendance:  
Kohanga Reo .....(hours)    Playcentre .....(hours)    Playgroup ..... (hours)  
Kindergarten or Education and Care Centre ..... (hours)    Home based service ..... (hours)  
Other: .....

How many years has your child regularly attended Early Childhood Education? .....

For all other pupils:  
Last school attended .....:..... Town: ..... Current year level:.....

Parent/Caregiver first name and surname: .....	Address: .....	English Speaker: Yes / No
Home Phone: .....	Cell phone: .....	Work phone:.....
Email address		

Parent/Caregiver first name and surname: .....	Address: .....	English Speaker: Yes / No
Home Phone: .....	Cell phone: .....	Work phone:.....
Email address:		

Siblings who have already or currently attend Hutt Central School:  
..... Years attended .....

Other contact: ( For emergency purposes)  
Name: ..... Cell phone: ..... Relationship: .....  
Phone no: ..... Address: .....

Other contact: ( For emergency purposes)  
Name: ..... Cell phone: ..... Relationship: .....  
Phone no: ..... Address: .....

**Medical:**  
Doctor's name: ..... Phone no: .....  
Is there any medical, health or disability information that the school should be aware of:  
.....  
Allergies/Asthma: ..... Sight: ..... Speech: .....  
Hearing: ..... Other: .....  
Is the student on prescribed drugs or medication? Please state reason and other relevant information: Yes / No  
.....  
Medication(s):  
.....  
Signed: ..... Date: .....

I have provided 2x proof of our current residential address ( rates or rental agreement + utilities bill )	Yes / No
I have provided my child's birth certificate or passport	Yes / No
I have provided up to date immunisation records for my child	Yes / No

**Payments:**  
We ask for a voluntary donation of \$45 per term or \$180.00 per year ( \$160.00 if paid before the 31st March)  
There are other specific school related activities that require payment. You will be notified of these activities as they are planned.

**I understand that the information on this form will only be used for normal school procedures and routines in accordance with the 'Guidelines for the Privacy Act 1993 Principles 10 and 11'**

**Declaration by Parent / Caregiver:**  
I agree that my child complies with the rules of the school as set out in the prospectus, arrives on time and attends each day.  
Parent / Caregiver's signature ..... Date: .....

**School use only**  
Date of entry: ..... SMS: ..... NSN ..... ESOL .....  
Year level: ..... Room No: ..... Teacher: .....

## Hutt Central School -Parental Permissions

Please indicate if you give permission for your child for the following:

**Computers and Internet** will only be used according to the school policy document detailed on the school website. **Yes / No**

**Photo images** of my child may be used in the school newsletter or website. No names will be attached to these images. **Yes / No**

**Information sharing** - I agree to Hutt Central School gathering information on my child's academic abilities and if needed, sharing that information with other education or health agencies to assist in the ongoing learning needs of my child. Parents will be consulted before information is shared. **Yes / No**

I am happy for Hutt Central School to request information from previous early childhood facilities or schools as necessary. **Yes / No**

**School / Class trips** - I give permission for my child to participate in school trips and events which may involve bus travel or walking to venues within a reasonable distance to the school. I understand that we will be kept fully informed about these trips and events. **Yes / No**

I am happy for my child to be transported in a private car on organised trips provided they are restrained by seat belts and in an approved car seat if required. I understand that we will be kept fully informed about these trips. **Yes / No**

**Hutt Library** - While visiting our local library students will be issued with a book on a school library card to bring back to school. There will be a nominal charge for any books that are misplaced or not returned on their next visit. **Yes / No**

**Emergency medical treatment** - In an emergency, I agree to school staff organising an ambulance for transportation to hospital or medical centre. **Yes / No**

In an emergency (where an ambulance is unavailable), I agree to school staff providing transportation to hospital or medical centre in their vehicle. **Yes / No**

**Fonterra Milk** - I am happy for my child to participate in the Fonterra Milk for Schools Programme if they choose. More information is available at [www.fonterramilkschools.com](http://www.fonterramilkschools.com). **Yes / No**

### Civil Emergency

In the event of a civil emergency i.e. earthquake / flood, my child may be collected by the following people

.....  
All attempts will be made to contact parents or caregivers to ask them to collect their child. In cases where the school is unable to contact parents or nominated caregivers, staff will enlist the help of those people named by you to take care of your child. This person should be known to your child. Your child will be cared for at school until a designated person collects them.

Please read the following link <https://database.getprepared.org.nz/webservices/school-plan.php?id=439> or ask to view our school emergency plan at the school office.

Signed ..... Date .....

### School use only

Name:

Address:

Mobile ph:

Time:

Signature.....