



Hinuera School Enrolment Form

Welcome to Hinuera School. On this side of this enrolment form is all the information we need from you, and on the back are several consents we need for school activities. Please let us know if you don't want to consent to any of the things listed. If your child is starting school for the first time we also need a copy of your child's birth certificate and any immunization records you may have.

Surname:		Legal Surname: <i>(if different)</i>	
First Names:		Called	D.O.B
Ethnic Group: <i>(Iwi if applicable) – Up to 3</i>		Language Spoken at Home:	
Age:	Place In Family:		Living with: <i>(Mum, Dad, Grandparents etc)</i>
Mother Surname: First Name: Occupation: Home Phone: Cell Phone: Work Phone: Address:		Father Surname: First Name: Occupation: Home Phone: Cell Phone: Work Phone: Address:	
Additional Caregiver Surname: First Name: Relationship to Child: <i>(Step Mother/Father etc)</i> Occupation: Home Phone: Cell Phone: Work Phone: Address: <i>(If different from above)</i>		Emergency Contact: <i>(This contact is usually someone not already mentioned on this form that we could ring if we are unable to get hold of anyone else.)</i> Name: Relationship to child: Phone Number:	
Previous School: <i>(Including location)</i>		Pre-School Attended <i>(Including hours attended per week & length of time eg 2hrs pw for 1 year)</i>	
Preschool Siblings <i>(Do you have any preschoolers that may also attend Hinuera at a later date? If so, please enter name/s and DOB)</i>			
Religious Instruction: Yes No		Swimming Confident: Yes No	
May Apply Sunscreen: Yes No			
Family Doctor: Last Dental Clinic Attendance: Allergies/Illnesses: <i>eg – Migraine/Epilepsy/Asthma/Diabetes/Travel Sickness/Fits of any Type/Chronic Nose Bleeds/Heart Condition/Dizzy Spells/Colour Blindness/Food Allergy/Insect Bite or Sting Allergies/Medicine Allergy</i> Treatment/Medication Required at School:			

PTO..

PARENTAL CONSENT - Things we need your approval for...**Information Gathering/Sharing**

I authorise Hinuera School to obtain all reports, records and information relating to my child from all previous schools at which he/she was enrolled. I also authorise Hinuera School to pass on any requested information to legitimate educational institutions that my child may move to.

Contact Details

I consent to my phone number being given to BOT or PTA members who wish to contact school parents.

Parental Consent To Medical Attention

I agree that if prescribed medication for my child needs to be administered at school, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult with instructions on its administration. I authorize Hinuera School Staff to administer these medications if required.

I will inform the school as soon as possible of any changes in medical circumstances.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by medical authorities should all parental contact options be exhausted.

Publication

In the interest of safety and security Hinuera School requires parent permission for the publishing of student's names or photographs on our website, on class blogs, in our newsletters (which are handed or posted out and published online), or from time to time in local newspapers or their blogs/Facebook pages.

We believe it is important to celebrate children's achievement, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.

The school will set the purpose for publishing of any students' work online, which will be in line with classroom learning goals. A student's image and schoolwork may be chosen for online publication if it meets this purpose.

We will share no more than a student's first name, their work and/or photograph.

Permission given may be revoked at any stage, and if this is the case, parents must ensure that the school Principal is notified, so that staff can be informed.

I consent to my child's name, work and/or photograph being published on the terms of the above information.

Cyber-Safety and Technology Use

I have read the Cybersafety and Technology Use Agreement Information and I am aware of the school's initiatives to maintain a cybersafe learning environment. I am also aware of the need to make my child aware of safe use of computers and the internet. I consent to my child's safe use of computers and the internet on this basis.

Bus Behaviour

If my child is travelling on a school bus service I accept that it is the driver who is responsible for the safe transporting of my children, and s/he will determine if a child's behaviour is acceptable or warrants being recorded/reported to school staff.

I consent to the above mentioned things Parent/Guardian

Dated / /

OFFICE USE ONLY			
Viewed Birth Certificate (<i>New Entrance Only</i>)		Start Date:	
House Colour:		Admission No:	
Rangitanuku	Buckland	Totman	Piarere
Year:	Room:	Teacher:	