



## Ardgowan School Enrolment Agreement Form

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:

**Name your child is known by / preferred name:**

Surname / family name:

Given name:

**Copy of official identity verification document collected by staff:**

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

Child's **date of birth**:    dd / mm / yyyy

Male

Female

**Child's ethnic origin/s:**

\_\_\_\_\_  
\_\_\_\_\_

Our Student Management System categorises ethnicity based on order of input. Please list ethnicity in your preference order.

**Iwi your child belongs to:**

\_\_\_\_\_  
\_\_\_\_\_

I would be happy to help with Maori curriculum and development.

**Language/s spoken at home:**

\_\_\_\_\_  
\_\_\_\_\_

**Child's primary residential address:**

Post Code:

If your child has younger siblings likely to attend Ardgowan, please supply details below. This helps us to know when to arrange school visits for New Entrants and plan for future class sizes.

Sibling: NAME:

DOB: dd / mm / yyyy

M / F

Sibling: NAME:

DOB: dd / mm / yyyy

M / F

### ◆ Prior-participation in Early Childhood Education:

**Did your child regularly attend Early Childhood Education?**

*'Regularly attend' means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.*

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

If yes, please specify:

The number of <b>hours per week</b> for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Other service			

Please attach any Early Education reports or information relevant to your child (Include Public Health Before school check information if you are happy to do so), which will help us transition your child into school as smoothly as possible.

Name of Previous School or Early Education Centre (if applicable): \_\_\_\_\_

**Parents / Guardians:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

**Custodial Statement**

Are there any custodial arrangements concerning your child? *Circle One* **Yes** **No**

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

**Person/s who cannot pick up your child:**

Name:	Name:
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**Additional Emergency Contacts (also able to pick up child):**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

**Child's doctor:**

Name:	Phone:
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Name of medical centre:

**Health:**

Illness/allergies:

Is your child up-to-date with immunisations? (please provide verification) *Tick One* Yes  No

**Medicine:**

**Category (i) Medicines**

A category (i) medicine is a **non-prescription** preparation that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes  No

Names of specific category (i) medicines that can be used on my child, **provided by service**:

- |                                   |                            |
|-----------------------------------|----------------------------|
| ▪ Arnica cream                    | ▪ Insect bite cream        |
| ▪ Anti-Flamme Herbal Relief cream | ▪ Dettol antiseptic liquid |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### Category (ii) Medicines

Category (ii) medicines are **prescription** (such as antibiotics, eye/ear drops) medicine that is used for a specific period of time to treat a specific condition or symptom, **provided by a parent** for the use of that child only.

I acknowledge that written authority from a parent is to be given at the beginning of when a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Paracetamol liquid or tablets** - A small supply is provided by the school, and kept in the first aid cabinet for children should they require it. If any medication is given to your child, they are given written confirmation to take home, advising of symptoms, dose and time given.

Do you approve for paracetamol medicine to be given to your child? *Tick One* Yes  No

If yes, would you like to be phoned first, before Paracetamol is administered? **Y / N**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### Category (iii) Medicines

To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma, eczema, ADHD etc and is for the use of that child only.

Name of medicine: \_\_\_\_\_

Method and dose of medicine: \_\_\_\_\_

When does the medicine need to be taken: (State time or specific symptoms)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

◆ **Enrolment Details:** Date you would like your child to start at Ardgowan: \_\_\_ / \_\_\_ / \_\_\_

### Office Use Only:

Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Year Level: \_\_\_\_\_ Room: \_\_\_\_\_ Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

### ◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing education for your child. We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Details about your child's identity will be shared with the Ministry of Education. The Ministry of Education shares information about five year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

◆ **Parent Declaration:** I declare that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

