



PIGEON MOUNTAIN PRIMARY SCHOOL ENROLMENT FORM

STUDENT DETAILS

SIBLING

OUT OF ZONE

Full Legal Name	<i>Surname</i>	<i>First Names</i>	<i>Preferred Name</i>
Address:			Phone:
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Present School/Kindergarten:	Date first started school:
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify)			
Do both parents have legal access to child? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If No please contact school office with details)</i>			
Can your child attend the school's Christian non-denominational Religious Education: Yes <input type="checkbox"/> No <input type="checkbox"/>			

ETHNIC BACKGROUND

<input type="checkbox"/> NZ European	<input type="checkbox"/> Australian	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> African/African Origin	<input type="checkbox"/> Korean	<input type="checkbox"/> Chinese	<input type="checkbox"/> NZ Maori (Iwi)		
<input type="checkbox"/> Other	NZ Citizen		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Country of Birth:	Date of Entry to NZ:	First Started School:			
What is your child's first language?					
What is their present level of English? <input type="checkbox"/> No Spoken English <input type="checkbox"/> A little English <input type="checkbox"/> Good English					
Level of spoken first language:			Level of written first Language:		

PARENT DETAILS

Mother/Caregiver's Name:	Father/Caregiver's Name:
Address:	Address:
Languages Spoken:	Languages Spoken:
Phone: Home Wk Mobile	Phone: Home Wk Mobile:
Email:	Email:

EMERGENCY CONTACTS – other than parents or caregivers

Contact 1st	Name:	Phone:	Mobile:
Contact 2nd	Name:	Phone:	Mobile:
Doctor:	Name:	Phone:	

OFFICE USE ONLY:

Date Received _____

Approved / Declined by _____ Anticipated Starting Date _____

<input type="checkbox"/> Permission & Dental Forms	<input type="checkbox"/> Prospectus	Year Level <input type="checkbox"/>	Room Nr <input type="checkbox"/>
<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Letter acceptance sent	Entry Date <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Student Permit	<input type="checkbox"/> Playgroup Sent	Enrolment Nr <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Birth date Verified	<input type="checkbox"/> Pre Entry Sent		
<input type="checkbox"/> Immunisation Certificate		
<input type="checkbox"/> Previous school report (OOZ)	<input type="checkbox"/> Enrol Entered	House: Kiwi Pukeko Kereru Tui	
<input type="checkbox"/> Digital Citizen Agreement	<input type="checkbox"/> IES Entered		

SIBLINGS.

Siblings currently attending the school:

Name:	Class:
Name:	Class:

MEDICAL / LEARNING SUPPORT.

Has your child received learning support at pre-school or school? Yes No

Please state type of support:

.....

Has your child received any support from a GP and/or specialist for any psychological, emotional or physical needs? Please explain below:

Please indicate if your child is affected by any of the following:

- ADHD Allergic to Bee Stings Asthma Inhaler Required Epilepsy
 Diabetes Eczema Fits/Turns Food Allergies

Medication required at school Details

Is your child fully immunised? **YES / NO** If not, a letter is required stating the reason why.

A Medicine Administration Consent Form will need to be completed and returned to the school as required in the school's policy.

- I give permission for my child's photograph to be used on social media and the school's website.
- I give permission for my child to be given 'Panadol' or 'Paracetamol' if required.
- In an emergency, I give permission for the school to call an ambulance or transport my child by private vehicle to the nearest Accident & Emergency if they have been unable to notify myself or emergency contacts.

EARLY CHILDHOOD EDUCATION PARTICIPATION (for Ministry of Education statistics)

Please complete the table below for the last service(s) attended.

- If the child was attending more than one service **at the same time**, please enter hours per week for up to three services.
- If the child attended one service, but changed to a different service within 6 months to starting school, please complete for the **last service only**, not both.
- If the child's attendance hours varied, or you are uncertain, please enter approximate or average number of **hours per week**.

<i>Please enter the number of hours per week for up to three services.</i>	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School – Te Aho o Te Kura Pounamu			
Did not attend			
For how many years did your child attend Early Childhood Education:			

IN ZONE APPLICANTS – Please attach “Proof of Address”, e.g. copy of current electricity or gas account or an Official /tenancy Agreement (through a real estate agent), **a copy of birth certificate or passport and Immunization Certificate.**

IMMIGRANTS – The passport for the child is to be sighted by the Office, showing any necessary visas or permits required under the Immigration Act.

OUT OF ZONE APPLICANTS – Please attach a copy of your child's most recent school report.

IMMUNIZATION CERTIFICATE – This is required for ALL students starting at Pigeon Mountain School.

THE APPLICATION CANNOT BE ACCEPTED UNLESS THE ABOVE DOCUMENTS ARE SUPPLIED.

By signing below, you acknowledge and accept the terms and conditions detailed below:

- I agree to abide by the rules and policies of the school at all times.
- I confirm that the information supplied in this application is true and correct.

In terms of the Privacy Act, I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfers to another school, including name and address on request to a potential Intermediate School and also my telephone number and address to be made available to the PTA and BOT as required. I will do my best to ensure that my child complies with School Regulations and Policies. I understand that the school will take action on my behalf in case of sudden illness or injury.

Signature _____ Date _____