



# PIGEON MOUNTAIN PRIMARY SCHOOL ENROLMENT FORM

## STUDENT DETAILS

SIBLING

OUT OF ZONE

Full Legal Name	Surname	First Names	Preferred Name
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"/> (If No, please contact school office with details)			

## ETHNIC BACKGROUND

<input type="checkbox"/> NZ European <input type="checkbox"/> Australian <input type="checkbox"/> British/Irish <input type="checkbox"/> Pasifika <input type="checkbox"/> Indian <input type="checkbox"/> Middle Eastern <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: Please print clearly.	Email: Please print clearly.

## 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 _____ <input type="checkbox"/> Permission Form <input type="checkbox"/> Proof of Address <input type="checkbox"/> Student Permit <input type="checkbox"/> Birth date Verified <input type="checkbox"/> Immunisation Certificate <input type="checkbox"/> Previous school report (from previous school) <input type="checkbox"/> Digital Citizen Agreement	Anticipated Starting Date _____ Year Level <input type="checkbox"/> Room Nr <input type="checkbox"/> <input type="checkbox"/> Letter acceptance / declined <input type="checkbox"/> Playgroup Sent <input type="checkbox"/> Pre-Entry Sent ..... <input type="checkbox"/> Enrol Entered <input type="checkbox"/> IES Entered
	Entry Date <input style="width: 100%;" type="text"/> Enrolment Nr <input style="width: 100%;" type="text"/> House: Kiwi Pukeko Kereru Tui

**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 and/or physical needs? Please explain below:  
.....

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

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

Medication required at school  YES Details:

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

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

- I give permission for my child's image/work to be published on social media and the school's website.  
 I give permission for my child to be given 'Panadol' 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)

Name of Centre:	Hours per week:
For how many years did your child attend Early Childhood Education:	

**HAVE YOU ATTACHED**

- Copy of Birth Certificate/Passport  
 NZ Visa (if applicable)  
 Immunisation Certificate or letter  
 Proof of Address - copy of power account (In Zone only)  
 Declaration - Usual Place of Residence completed and signed  
 Recent School Report (if applicable)

**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 always agree to abide by the rules and policies of the school.
- I confirm that the information supplied in this application is true and correct.
- The address given in this application must be my usual place of residence.
- I understand that if the school finds that false information has been given, the school will cancel my child's enrolment.

*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 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 act on my behalf in case of sudden illness or injury.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part Two: Declaration – Usual Place of Residence

The address you give at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. The address must be a council approved, rateable dwelling whether owned or rented and your family are the sole occupants. The Ministry of Education has advised schools that parents should be warned of the possible consequences of deliberately attempting to gain enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, for example:

- Residing in- zone on a short term basis **(students to reside in-zone for a minimum of 12 months from the first day the student commences school at Pigeon Mountain Primary School)**
- Arranging temporary board in-zone with a relative or family friend
- Using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis

If the Pigeon Mountain Primary School Board of Trustees learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of enrolment at the school, the Board will give notice to the parents/caregivers that it will review the enrolment using the process set out in the Education and Training Act (2020), Schedule 20 (Enrolment Schemes), Clause 13 (Review of Enrolment). The outcome of this review may be that the Board annuls the enrolment.

I confirm that the address which I have provided with this enrolment application will be the usual place of residence of \_\_\_\_\_ (student's name) when the school is open for instruction.

I will advise the school of any subsequent change of address.

If the student changes address from in-zone to out-of-zone, I will apply to the school for the student to continue as a student of Pigeon Mountain Primary School and acknowledge that prior to the proposed changing of address from in-zone to out-of-zone I am entitled to make such application for the student to continue as a student of the school.

I acknowledge that a change of address from in-zone to out-of-zone may result in the student no longer being eligible to remain enrolled at Pigeon Mountain Primary School.

Declared On: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Day Month Year

Signed: \_\_\_\_\_ (Parent or Legal Guardian or Authorised Primary Duty of Care)