

Application for School Enrolment

Tena koutou e te whānau he mihi nui kia koutou katoa

OFFICE USE ONLY	Start Date:	School Visit Dates:		
Teacher/Room:		Year Level:	Enrolment complete (tick) <input type="checkbox"/>	
Students email:		NSN:	L <input type="checkbox"/>	E <input type="checkbox"/>
			P/C <input type="checkbox"/>	

Please fill in both sides of this form and return to the school office, complete with original documentation listed in the Checklist below.

- Completed Justice of the Peace Declaration
 Two current consecutive power bills
 Student's Birth Certificate (if born in NZ)
- Tenancy Agreement or Auckland City rates bill
 Passport if born outside NZ or NZ Citizenship Cert
 Immunisation's sighted

Student Details

Legal Surname		Passport No if born outside NZ or NZ Citizenship Certificate No (originals needs to be sighted)	
Preferred Surname		Type of Visa	
Legal First Names		Expiry date of current Visa	
Preferred First Names		Date of Entry of NZ	
Female / Male (circle)	Date of Birth	Visa Serial Number	
Ethnicity (if Maori indicate iwi)		Refugee Status (circle)	Quota Refugee Other Refugee Immigration Letter Held
First Language Spoken		Name of Early Child Centre Attended	
		Hours attended :	
		Duration attended :	
Languages most commonly used at home		Or Name of last school attended & Year Level	
Country of Birth		Names of siblings currently attending Balmoral School	
Birth Certificate No if born in NZ (originals needs to be sighted)		Names of siblings previously attended Balmoral School	
Custodial/Access details:			Court order copied Yes / No

Parent/Caregiver Details: Child lives with: (circle) Both Parents / Father / Mother/ Caregiver

Caregiver 1

Family Name		Phone (Home)	
First Name		Phone (Mobile)	
Relationship to Student		Phone (Work)	
Email Address		Place of Birth (passport sighted if born overseas)	
Permanent Residential address & Post Code		Occupation	

Caregiver 2

Family Name		Phone (Home)	
First Name		Phone (Mobile)	
Relationship to Student		Phone (Work)	
Email Address		Place of Birth (passport sighted if born overseas)	
Home Address & Post Code (if different from student)		Occupation	

Balmoral School communicates electronically and all school newsletters will be emailed. Where an email address has been supplied, you will be added to a mailing list. You are always able to unsubscribe from the newsletter mailing list at any time.

Emergency Contact Details

In the event that we are unable to contact you, please provide the names of two people we can call to act on your behalf with regard to the welfare of your child. These contacts cannot be the students' parents / caregivers.

	Emergency Contact 1	Emergency Contact 2
Family Name		
First Name		
Phone Home		
Phone Mobile		
Phone Work		
Relationship to student		

Medical Details

Family Doctor _____ Phone _____

Permission for staff to administer panadol (circle) Yes / No

Please indicate any medical issues the school needs to know about, e.g. hearing, sight, speech, allergies.

Medication (if applicable):

Learning Information

English language support given previously (circle) Yes / No Teacher Aide support given previously (circle) Yes / No

Has your child been involved with other agencies? Please circle all those that apply:

Special Ed / CYFs / Kari Centre / Speech Therapy / RTLB / RTLIT/ Early Intervention / Other

Financial Requests

Balmoral School requests an annual donation and an activity charge in advance for class trips. A request is also made for any take home items your child makes in specialist classes. If you agree to accept these goods a one off charge is requested. In signing the enrolment form you acknowledge that the school will be making these requests.

Privacy Information

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. I approve the forwarding of this information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential Intermediate/ Secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school rules policies.

I give permission for my child's visual image to be used for educational purposes:

School Publications (circle) Yes / No

School Website (circle) Yes / No

Statement by the School:

Completion of this form does not guarantee enrolment in the school. Entitlement to enrol depends on the information provided being correct and valid on the date of entry.

Statement by Parents/Caregivers

We acknowledge that this information has been provided to enable the school to consider enrolment of our child.

We confirm that all the information provided is true and correct in all instances.

We agree to remove our child from the school if his/her enrolment has been made on the basis of any misleading information. We will immediately notify the school of any change of address.

In the event that we cannot contact you, in an emergency the school may act on your behalf

Signed _____
(Parent/Caregiver)

Date _____

19 Brixton Rd, Balmoral, Auckland 1024

Telephone: (09) 638 7960 Fax: (09) 630 1944

E-Mail: office@balmoral.school.nz Website: www.balmoral.school.nz



Balmoral School Additional Information



This information is used to help us understand your child's needs. Whilst completion is optional, the more you are able to tell us, the better we are able to understand your child and meet their educational needs.

Student's Name _____
(First Name) *(Last Name)*

What is your child good at and do they have any particular talents?

Academic:

Social:

Sport / Cultural / Arts:

Other:

Do you have any concerns about your child?

Academic:

Social:

Sport / Cultural / Arts:

Other:

What are your child's interests?

What do you want Balmoral School to do for your child?

Why did you choose Balmoral School for your child?

Family Background

What religion does your child follow?

What special ceremonies does your family celebrate?

Is there any food your child is not allowed to eat?

Any other information:

Previous Schooling

How old was your child when he/she started school?

Name of last School: _____

Town/City/Coutry: _____ Duration: _____

List any other schools your child has attended & duration:

Languages

What language / languages do you speak at home?

What languages can your child understand?

What languages can your child speak?

What languages can your child write?

What languages can your child read?

What languages can the parents speak?

What languages can the parents write?

Are you able and willing to come into school and help? (circle) **Yes / No**

Parent reading / In class parent help/ knowledge skills from your job to share with students?