



AMURI AREA SCHOOL – ENROLMENT FORM

It is understood that the information obtained on this form is being sought to help in the overall education of your child, and for forward planning of the school. The information given will remain confidential to the following:

Principal and Staff Ministry of Education Special Education Service Canterbury Youth Transition Service
Public Health Nurse School Dental Nurse Forwarding School (if changing schools)

STUDENTS DETAILS

Date of Admission: / /

FAMILY NAME and FIRST NAMES:	Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Name:		Year/level at last school:
FAMILY NAME and FIRST NAMES:	Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Name:		Year/level at last school:
FAMILY NAME and FIRST NAMES:	Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Name:		Year/level at last school:

Name of Previous School: _____

Country of Birth: _____

Ethnicity: _____

If Maori, please specify Iwi: _____

Language Spoken at Home: _____

Administration Use Only

Enrolment No: _____

Year Placement at AAS _____

Form/Room at AAS _____

Local Student ID _____

Copy of Birth Certificate/Passport Attached

Internet Agreement Signed

Photo Taken

Early Learning (for new entrant students only)
 Did your child attend any of the following (please circle): Kōhanga Reo; Playcentre; Kindergarten; Education and Care (Preschool); Homebased; Playgroup; Correspondence School; Did not attend; Attended outside New Zealand
 How many hours per week? _____
 For how long (please circle): The last 6 months; the last year; the last 2 years; the last 3 years; the last 4 years; the last 5 years; not regularly

New Entrants / Immigrants Only

New Zealand Residency Verification Attached: Yes No

Copy of Birth Certificate or Passport Attached Yes No

PARENTS/CAREGIVERS INFORMATION [living with student]

Caregiver 1.

Name: _____ Relationship to student: _____

Address: _____ Occupation: _____
Please include PO Box and Postcode

Email: _____

Contact Phone Numbers:
 Home: _____ Work: _____ Cell: _____

Caregiver 2.

Name: _____ Relationship to student: _____

Occupation _____ Contact Phone Numbers:
 Work: _____ Cell: _____

NAME OF OTHER PARENT **NOT** living with student: _____
(where applicable) for BOT voting purposes:

Address if known: _____

Does this person require a copy of school reports Yes No

EMERGENCY CONTACT (If parents are unable to be contacted eg. relative, friend, neighbour, employer NB. please ensure contact is a person who lives/works locally)

Name: _____

Relationship: _____

Phone No: _____ Cell Phone: _____

SIBLING INFORMATION

Brothers/Sisters already attending Amuri Area School ↗

Name:		Year at school:	
Name:		Year at school:	
Name:		Year at school:	

MEDICAL INFORMATION

Allergies:		Other Problems/Concerns that the school should know about:
Medication:		
Sight:		
Speech:		
Hearing:		
Doctor:		

OTHER DETAILS

Bus	Yes / No (please circle)	Bus (if known):
Sports/hobbies/cultural interests:		
Learning & Behaviour Special needs:		
Parent comment:		

PERMISSION FORM AND DECLARATION

Emergency ~ I give consent for the school to act on my behalf in the case of an emergency. Yes No

Panadol~ Some children ask for Panadol to treat various ailments. Do you grant permission for Panadol to be administered to your child/children if required? Yes No

Student Photos~ I give consent for photos of my child/children and/or their work to be placed on the school website or in the school newsletter. Yes No

- *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.*
- *Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.*
- *The records made from this information may be viewed on request at the school.*
- *I approve the forwarding of information when my child transfers to another school.*
- *I/we agree to abide by the Amuri Area School policies and procedures as set by the Board of Trustees.*

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

OFFICE: Copies to... DP/AP Class Teacher Library Bus Controller
Records Requested Student Manager ENROL