

**BROOKFIELD SCHOOL
ENROLMENT APPLICATION**



In Zone Out of Zone

Legal Last Name:	Date of Birth:
Legal First Names:	Preferred Name:
Gender: Male _____ Female _____	Current Year Level:
Ethnicity (up to three can be listed): _____	
Iwi Affiliations (up to three can be listed): _____	
Main Language spoken at home: English _____ Maori _____ Other _____	
Place in Family: __ child out of __ Mainstream __ Rumaki __ Bilingual __	

Main Caregiver 1: Lives with <input type="checkbox"/>		
Mr / Mrs / Miss /Ms	Relationship to Student:	
Last Name:		
First Name:		
Home Address:		
Email Address:		
Home Phone:	Mobile:	Work No:
Occupation:	Employer:	
Main Caregiver 2: Lives with <input type="checkbox"/>		
Mr / Mrs / Miss /Ms	Relationship to Student:	
Last Name:		
First Name:		
Home Address:		
Email Address:		
Home Phone:	Mobile:	Work No:
Occupation:	Employer:	
Emergency Contacts:		
1. Name:	Phone:	Relationship:
2. Name:	Phone:	Relationship:
Office Use:		
Year Level:	Room:	Start date:
Enrolment Number:		
NSN Number:		
Immunisation Certificate Sighted:		
Previous School:	ESOL student:	

Custody:				
Are there any custody details we need to be aware of? Yes / No Please outline below anything the school needs to know (NB: to withhold access rights of a parent we need to sight a court order).				
Health Details: (please list any significant details regarding the following)				
Allergies:		Regular medication:		
Speech:		Vision:		
Hearing:		Developmental delays:		
Learning and Behaviour Needs: (Please outline any relevant learning/behaviour needs)				
Other:				
All Immunisations completed: Yes / No		Certificate attached: Yes / No		
Family Doctor:		Contact:		
Ethnicity / Eligibility				
Child's Country of Birth: (Birth Certificate or Passport to be presented for first enrolment in a NZ School)				
New Zealand Citizen:		Yes / No		
New Zealand Resident:		Yes / No		
New Zealand Student Permit: Yes / No		Student Permit Number:		
Date of Entry to NZ:				
Early Childhood Participation (For New Entrants Only)				
Did your child regularly attend an ECE?				
<input type="checkbox"/> Yes, for the last _____ years.				
<input type="checkbox"/> Not regularly, only occasionally with no on-going schedule.				
<input type="checkbox"/> No, did not attend an ECE.				
Please enter the number of hours per week for up to 3 services:		Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
a. Kohanga Reo:	Name of Centre _____			
b. Playcentre:	Name of Centre _____			
c. Kindergarten / Education Centre:	Name of Centre _____			
d. Home Based Service:	Name of Centre _____			
e. Playgroup:	Name of Centre _____			
f. The Correspondence School – Te Aho o Te Kura Pounamu				

Or

Please tick the appropriate box	
g. Attended but only outside New Zealand	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

PARENTAL CONSENT:

Please read the following and indicate your consent by signing each statement

School Trips and Visits

I / We give permission for my child to attend school trips and visits during the normal school day. I understand that notes will be given to the children advising me of such trips and that I have the right to send a note exempting my child from participating. I understand that for trips extending beyond the normal school day I will be required to sign a separate permission slip for that event.

Signed _____

Public Identification of Children

I / We give permission for my child's photograph or work to be published. I understand that this could result in him/her being publicly identified as a student at Brookfield School.

Newsletter Facebook Newspaper

Signed _____

Address Declaration

I confirm that the address which I have provided to the school will be the usual place of residence of my child when the school is open for instruction. I will advise the school of any subsequent change of address.

Signed _____

PARENTAL AGREEMENT:

Please read the following and indicate your agreement to all by signing at the bottom. If you do not agree to all of the statements please sign to ones you agree with and discuss any others with the principal.

1. Attendance

I / We agree to ensure that our / my child attends school every day but in the event of illness or other reasons within school policy we will notify the school on or before 9am on the first morning of the absence.

2. School Uniform

I / We understand that Brookfield School has a compulsory uniform. I / we will ensure that my / our child is suitably equipped in regulation uniform and that he / she wears it with pride. I / we will ensure that the uniform is adequately named.

3. Code of Behaviour

I / we understand that the school has rules and a code of behaviour that makes the school a safe place for students and staff. I / we will support the school's behaviour initiatives and acknowledge the need for parents and school to support one another in this regard.

4. Cyber Safety and ICT Use

I / we understand that the internet is available to children for educational use only and under teacher supervision. Students must not go online or send emails without teacher authorisation. Students who infringe this rule may be denied use of the computers at school. Parents will be advised if this action is taken.

Signature

I / we have read the five statements above and are signing our agreement with all of them.

Signed _____

Signed _____

Healthy Food Lunch Programme – Student Information Sheet

Our tamariki receive a freshly made lunch each day. These are delivered to the classrooms.

Definition: A true **food allergy** causes an immune system reaction that affects numerous organs in the body. It can cause a range of symptoms. In some cases, an **allergic food** reaction can be severe or life-threatening. In contrast, **food intolerance** symptoms are generally less serious and often limited to digestive problems.

Student's full name:	
Room number:	
Teacher:	
Parent/caregiver contacts: <i>If we need to discuss with you</i>	Name: Phone: Best time to call:
Food allergies	Yes / No
Reasons:	
Alternative food options given:	
Food intolerances	Yes / No
Reasons / side effects:	
Alternative food options given:	
Other additional information:	
Please let the office know if your child has food allergies which cause allergic reaction and may need assistance or medication. (If not already given)	

EXAMPLE

Food allergies	<i>Peanuts</i>	Food intolerances	<i>Lactose</i>
Reasons / side effects:	<i>Wheezing trouble breathing coughing</i>	Reasons / side effects:	<i>Abdominal pain Bloating Diarrhea</i>
Alternative options given:	<i>No other option given please.</i>	Alternative options given:	<i>Soy or Coconut milk</i>