



Mission Heights Primary School Enrolment Form

The enrolment form is to be completed by the parent or caregiver of the student applying for enrolment and must be returned to Mission Heights Primary School reception.

To meet Ministry requirements, the following documents are required to support your application;

1. **Proof of residential address;**
an electricity account **and** a sales & purchase or rental agreement with your name and address.
- 2(a) **NZ Citizens:** Student's birth certificate or passport
- (b) **Others:** The students and parents passport with residency or work & student visas
3. **Immunisations certificate**
4. **Any reports from previous schools**

Please note: Students must live in the school zone for a minimum of one school year from their starting date.

Student Personal Details

Family Name _____

First Name(s) _____ Preferred Name _____

Address _____

Home Phone _____ Gender _____ Male/Female (please circle)

Date of Birth ____/____/____ County of Birth _____ Citizen of _____

Birth Certificate No. _____ or Passport No. _____

Ethnic Group(s) (e.g European, Maori, Chinese, Indian) _____
Group 1 _____ Group 2 _____

Iwi _____

Language spoken most often by student _____

Language spoken by family when student was a baby _____

Does your child have any Religious items that the school should be aware of? If yes please clarify:

Immigration Status (please circle)

NZ Citizen / Permanent Resident / Student/Work Visa

If enrolling with a student & work visa : student visa no. _____ Work visa no. _____

If a NZ Resident: Resident permit no. _____

Date of arrival in New Zealand ____/____/____

School Details

Year level (enrolling in at MHP): _____ Previous School in NZ _____

Does your child have a sibling attending MHP? Yes/No Name _____ LZ # _____

Does your child have a sibling attending MHJC? Yes/No Name _____ Whanau _____

Name of Kohanga Reo, Playcentre, Kindergarten etc that your child attended: _____

How many hours attended per week: _____

Student Learning Information

Does your child have any of the following;

Learning & Behaviour Needs _____

Special Needs (background/funding e.g ESOL,ORS). **Please provide name of organisation and person who looks after your child**

Any further information you would like us to know about your child's learning and or behaviour _____

Student Health Details

Doctor _____ Phone _____

If your child has or has ever had, any of the following, please tick.

Condition		Medication Rqd	Comments
Asthma	<input type="checkbox"/>	<input type="radio"/>	_____
Bee or wasp stings	<input type="checkbox"/>	<input type="radio"/>	_____
Allergies	<input type="checkbox"/>	<input type="radio"/>	_____
Headaches/migraine	<input type="checkbox"/>	<input type="radio"/>	_____
Diabetes	<input type="checkbox"/>	<input type="radio"/>	_____
ADHD or ADD	<input type="checkbox"/>	<input type="radio"/>	_____
Other Autistic Spectrum	<input type="checkbox"/>	<input type="radio"/>	_____
Other medical conditions	<input type="checkbox"/>	<input type="radio"/>	_____

If your child has a medical condition that requires medication to be held at school, could you please complete the MEDICATION AUTHORISATION FORM (this form is available from the school reception). All medications will be held at reception.

Vision Loss Glasses
Hearing Loss Hearing Aid

None of the above conditions applies to my child

Is your child immunised? Yes / No

Please note: Minor injuries/health matters are dealt with by the reception staff who hold a current first aid certificate. All other health related matters, when a child is unwell at school, are referred to the parents/caregivers.

I give permission for my child to be seen by the Hearing & Vision Team if required. Yes / No

I give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the school's social media accounts FB, Twitter etc Yes/No

I give my consent for the data on this form to be used for school purposes only, ie School Board Elections Yes/No

Family Information

Mother's Details

Family Name _____

First Name _____ Title Mr / Mrs / Ms / Dr (please circle)

Address _____

Home Phone _____ Mobile Number _____

Email Address _____ Work Phone _____

Country of Birth (Required for ESOL funding) _____

Language Spoken at home _____

Is the student living with the mother? Yes / No

Father's Details

Family Name _____

First Name _____ Title Mr / Mrs / Ms / Dr (please circle)

Address _____

Home Phone _____ Mobile Number _____

Email Address _____ Work Phone _____

Country of Birth (Required for ESOL funding) _____

Language Spoken at home _____

Is the student living with the father? Yes / No

Other Caregiver Details – (if applicable)

Family Name _____

First Name _____ Title Mr / Mrs / Ms / Dr (please circle)

Address _____

Home Phone _____ Mobile Number _____

Email Address _____ Work Phone _____

Language Spoken at home _____

Is the student living with caregiver? Yes / No

Relationship to student (please indicate)

Stepfather / Stepmother / Mother's Partner / Father's Partner / other _____

Emergency Contact (Person who does not live with the parents)

Family Name _____

First Name _____ Title Mr / Mrs / Ms / Dr (please circle)

Address _____

Home Phone _____ Mobile Number _____

Email Address _____ **Work Phone** _____

Relationship to student (please indicate)

Grandfather / Grandmother / Aunt / Uncle / Friend / Other _____

Comments/Sensitive Data

Please give any specific information that the school should be aware of in relation to caregiver/custody/living arrangements, legal access or court orders in place.

Parent/Caregiver Declarations

As the parent/caregiver of a student at Mission Heights Primary School, I _____

- certify that I live fulltime at the above address with _____ (student's name) and that I am the parent, guardian or declared caregiver of this student;
- will notify the school in a timely manner if my circumstances change e.g address, phone, mobile etc
- will ensure that my child wears the correct uniform;
- will ensure that my child will comply with all school rules;
- permit arrangements to be made to treat my child in an emergency, and agree to meet any costs incurred in the process;
- give permission for my child to participate in all LOW RISK EOTC activities run by Mission Heights Primary School for every year that my child attends the school;
- will sign my child in/out at reception if they arrive late or leave early for an appointment;
- will notify the school by 9.00am if my child is going to be absent;
- have read the Cybersafety Acceptable Use Policy and explained it to my child and we understand the policy and agree to abide by it;
- I have read, understood and signed the Parent ICT User Agreement Form

Parent/Caregiver Signature _____ Date _____

TO BE COMPLETED BY MHP ADMINISTRATION

Enrolment No:	Enrolment Date:	Studio:	Year Level:
Teacher:	House:		
Photocopy Evidence Received For:			
Birth Certificate	Passport	Evidence of Address	Immunisation Cert
Work Permit	Student Visa	Residency Visa	Citizenship Cert
Court order in place	Y / N	Copy of order on file	Y / N
Statutory Declaration:	Approved by:	Date:	

Enrolment Information rechecked prior to student commencing at MHP:

Date:

Signature: