



VISCOUNT SCHOOL ENROLMENT FORM

STUDENT DETAILS

Legal Surname:	Gender: Female / Male
Legal First names:	Date of Birth:
Preferred name:	Country of Birth:
Country of Citizenship:	Verified: Birth Certificate / Passport / Other
Residency Permit: Yes / No / NA	In Zone: Yes / No
Date of entry to New Zealand:	Previous School:
Ethnicity / Iwi:	Other siblings at this School: Yes / No
Child lives with: (please tick) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other: _____ Please state any other information (i.e., custody conditions, restricted access and attach copies of documentation): _____ _____	

LANGUAGE(S)

What language(s) does the child speak: _____

Language child uses when speaking to Mother: _____

Can Mother speak English? Not at all A little Fluently

Can Mother read English? Not at all A little Fluently

Language child uses when speaking to Father: _____

Can Father speak English? Not at all A little Fluently

Can Father read English? Not at all A little Fluently

PARENT / CAREGIVER 1

Mr/Mrs/Miss/Ms/Dr. Full Name: _____ Relationship to Child: _____

Country of Birth: _____ Residency Status: _____ Ethnicity or Iwi: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Occupation: _____ Work Place: _____

email: _____

PARENT / CAREGIVER 2

Mr/Mrs/Miss/Ms/Dr. Full Name: _____ Relationship to Child: _____

Country of Birth: _____ Residency Status: _____ Ethnicity or Iwi: _____

Address: _____

Home Ph: _____ Mobile Ph: _____ Work Ph: _____

Occupation: _____ Work Place: _____

email: _____

EMERGENCY CONTACT 1

Mr/Mrs/Miss/Ms/Dr. Full Name: _____ Relationship to Child: _____

Home Ph: _____ Mobile Ph: _____ Work Ph: _____

EMERGENCY CONTACT 2

Mr/Mrs/Miss/Ms/Dr. Full Name: _____ Relationship to Child: _____

Home Ph: _____ Mobile Ph: _____ Work Ph: _____

MEDICAL DETAILS

Family Doctor/Clinic: _____ Phone: _____

Does your child have any medical conditions (i.e., asthma, eczema, diabetes, epilepsy, allergies ... please specify)

Medication held at School (if YES, complete our Medication Administration Form): YES / NO

Severity: (circle one) Low Risk / Moderate Risk / Contact Caregiver(s)

I give permission for the Public Health Nurse to attend to my child when necessary: YES / NO (see Mana Kidz Form)



OTHER HEALTH / WELLBEING & HAUORA SUPPORT

Has your child received any School learning and/or behaviour support in the past (tick all that apply):

ORS RTL B MoE Speech Teacher Aide / Learning Assistant Multi-lingual learning / language support NA

Has your child had any assessment for the following (tick all that apply):

ADD/ADHD Asperger Autism Dyslexia Other _____

Sight: glasses YES / NO

Hearing aid: YES / NO / NA

Other Assistive Technology: YES / NO / NA

SCHOOL HEALTH PROGRAMMES

I would like my child to participate in the free Fruit in Schools programme YES / NO

I would like my child to participate in the free KidsCan programme (shoes, jacket) YES / NO

I would like my child to receive the MoE free Healthy School Lunches Programme YES / NO

Does your child have any **SPECIAL DIETARY REQUIREMENTS/FOOD ALLERGIES?**

EARLY CHILDHOOD EDUCATION

Did your child regularly attend Early Childhood Education (ECE)?

YES, for the last _____ month(s)/year(s) Not regularly NO, did not attend.

ECE Centre attended: _____ How many hours per week? _____

DIGITAL TECHNOLOGY & ONLINE SAFETY

- I have read the **Student Device 'Kawa of Care' Agreement** and understand that my child is responsible for using School allocated devices and access the Internet for learning purposes only and as directed by the teacher. I have discussed this Agreement with my child, explained its importance and the consequences for breaking this Agreement.
- I understand that the School takes steps to minimise and remove access to any material which could be harmful or illegal for the student. It is my child's responsibility not to have any involvement with or access harmful and illegal sites and material. I understand that **NO cell phones or personal devices** are allowed at School by students.

I give permission for my child to access the **Internet** and their **student email** for learning purposes only.

EDUCATION OUTSIDE THE CLASSROOM (EOTC e.g., school related trips, events, activities are part of the Curriculum. We send home notices and sometimes ask for volunteer help. We ask for a contribution towards any Camps)

I give permission for my child to attend EOTC trips and activities necessary for their learning. I understand that I may withdraw my permission at any time. YES / NO

PRIVACY & PERMISSIONS (refer to the School's Personal Information Policy)

- The information collected about your child will be used by the School for enrolment, placement, and organisation.
- The records made from this information may be viewed on request at the School only with your permission.
- The information collected may be disclosed to appropriate education, health and welfare authorities, and for data gathering purposes by the New Zealand Ministry of Education, in accordance with the December 2020 Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised by the legal parent / guardian / caregiver or required by law.
- I agree and give permission for my child's School work, image or video to be published for School, and learning purposes: i.e., Newsletter YES / NO School Website YES / NO School Facebook page YES / NO Class Site YES / NO

PARENT(S) / CAREGIVER AGREEMENT

- I agree to send my child to School each day before 8:50 am.
- If my child is absent, I will call/email the School Office or enter on the School website before 9 am at the latest, giving the reason for absence.
- I agree to my child wearing the compulsory Viscount School uniform.
- I agree to abide by all Viscount School policies and procedures (refer our 'SchoolDocs' on our School Website).
- I confirm that the information given on this form is true and correct in every particular.

Mr/Mrs/Miss/Ms/Dr. Full Name: _____

Signature: _____ Relationship to Child: _____

Home Ph: _____ Mobile Ph: _____ Work Ph: _____

OFFICE USE ONLY

Viscount School Enrolment Date: ____/____/____ Enrolment Number: ____/____

Date entered: ____/____/____ Processed by: ____/____/____

Date First Started at NZ School: ____/____/____ National Student ID Number: _____

Room: _____ Year: _____ Teacher: _____

House: Kāhu / Kōtare / Tūi Verified: Birth Certificate / Passport / Other _____

