



Student Enrolment Forms

Please fill in the attached forms and return to Waitakere Primary School.

When an enrolment is accepted, we require to view the original birth certificate and immunisation records (if immunised) and proof of address which we will photocopy. A non-New Zealand resident, will need to provide us with their passport and visas.

Contact Details

Waitakere Primary School
10 Bethells Road
Waitakere

Phone 649 810 9607

Mobile 027 610 9607

Fax 649 810 9657

Email office@waitakereprimary.school.nz

Web www.waitakereprimary.school.nz



ENROLMENT CHECKLIST

To complete enrolment for all students (New Entrant to Y8) we need the following:

- ☐ Student Enrolment Form
- ☐ Original Birth Certificate
- ☐ Immunisation Record – complete or not
- ☐ Consent Form for Eyes & Ears
- ☐ Parent Help Questionnaire

For Students not born in New Zealand please bring:

- ☐ New Zealand Passport
- OR**
- ☐ New Zealand Residency

For International Students please bring:

- ☐ Current Passport
- AND**
- ☐ Current NZ Visa's & Permits



ENROLMENT QUESTIONNAIRE FOR WAITAKERE PRIMARY

Home Zone

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the school's enrolment scheme. The board needs to be sure that an in-zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.

In addition to specific documents showing proof of residence, it will assist the board if you complete the following questionnaire. (*Documentation Waitakere Primary School would like to view at time of enrolment will be, birth certificate, immunisation, proof of address -two power or telecom bills.*)

Student's Name _____

1. What pre-school/school are you currently attending (if any)? _____
2. What is the address that will be the usual place of residence _____

If the student will be living with the parent's/caregiver/guardian

3. Have you lived at this address for more than one year? _____
4. If yes to question 3 above, is this your only residential address _____
5. If no to question 3, state your other address _____

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school. The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, e.g. renting accommodation in-zone on a short-term basis; arranging temporary board in-zone with a relative or family friend; using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis. If any issues arise from the above information, the board may wish to interview you, to ensure the genuineness of the application.

If your application for enrolment is declined, you may appeal the board's decision by asking the Ministry of Education to direct the board to enrol the student. Application forms are available from the Ministry's local office.

I confirm that the address above, which I have provided to the school will be the usual place of residence of _____ (student's name) when the school is open for instruction. I will advise the school of any subsequent change of address.

Signature: _____ Dated: _____

Name (please print) _____

An enrolment will not be accepted until it has been confirmed with the Principal and Board of Trustees.



Enrolment Scheme Home Zone

All students who live within the home zone described below, and as shown on the attached map, shall be entitled to enrol at the school. *Proof of address within the home zone must be sighted by the school.*

Starting at the West Coast at a point south of Constable Road, the zone travels north-east to the southern end of Muriwai Valley Road (excluded), and continues east across country to join Annandale Road at numbers 218/230.

It then travels south-east across country to meet at the intersection of Cuthbert and Hunter Road, and continues down the centre of Hunter Road.

Cross Waitakere Road, at numbers 220/231 (included), the zone moves across country, to meet and include all of Haszard Road. (Amreins Road from 117 and 110 south included).

From Haszard Road the zone follows Sunnyvale Road south and west, and continues along McEntee Road (Kay Road excluded) to turn south down Northfield Road, (Burnham Road included). It then travels across country to meet Scenic Drive, (numbers 1051/1056 to 851/880 included), so as to include all of Kitewaho Road, and continue to the Tram Valley Stream. Following the stream west the zone crosses to the West Coast and returns to the starting point.

All residential addresses on both sides of boundary roads and no exit roads off boundary roads are included in the zone unless otherwise stated.

Out of Zone Enrolments

Each year the Board of Trustees will determine the number of places which are likely to be available in the following year for the enrolment of students who live outside the home zone. The Board will publish this information by notice in a daily or community newspaper circulating in the area served by the school. The notice will indicate how applications are to be made and will specify a date by which all applications must be received.

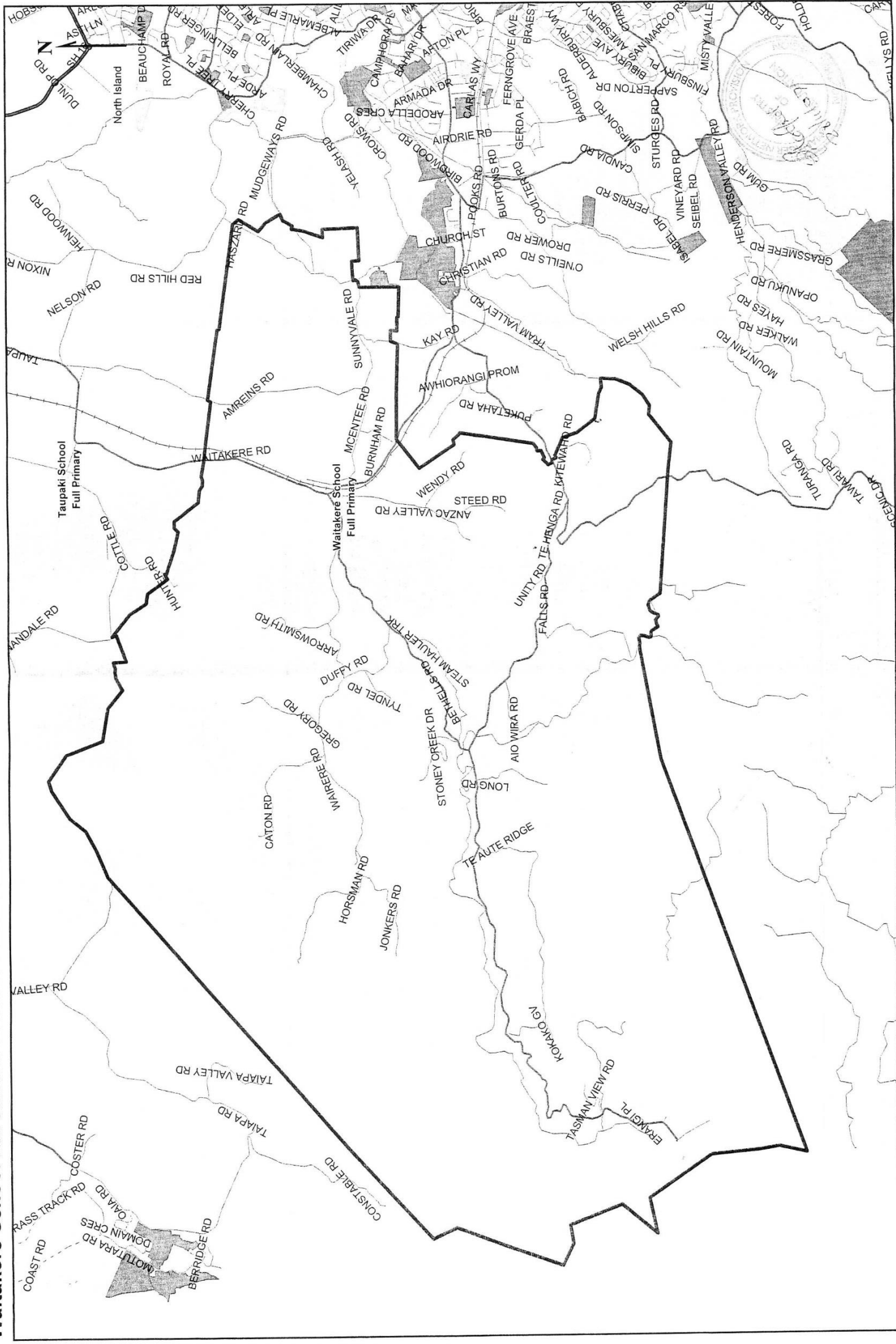
Applications for enrolments will be processed in the following order of priority:

- | | |
|------------------------|---|
| First Priority | will be given to students who have been accepted for enrolment the following special programme(s). <i>This priority is not applicable at this school because the school does not yet run a special programme approved by the Secretary for Education.</i> |
| Second Priority | will be given to applicants who are siblings of current students. |
| Third Priority | will be given to applicants who are siblings of former students. |
| Fourth Priority | will be given to any applicant who is a child of a former student of the school. |
| Fifth Priority | will be given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school. |
| Sixth Priority | will be given to all other applicants. |

If there are more applicants in the second, third, fourth or fifth priority groups than there are places available, selection within the priority group will be by ballot conducted in accordance with instructions by the Secretary under Section 11G(1) on the Education Act 1989. Parents will be informed of the date of any ballot by notice in a daily or community newspaper circulating in the area served by the school.

Applicants seeking second or third priority status will require to give proof of a sibling relationship.

Waitakere School Enrolment Scheme Home Zone



ENROLMENT FORM—WAITAKERE PRIMARY

PUPIL

PARENT / LEGAL GUARDIAN

EARLY CHILDHOOD ED-

HEALTH

OTHER DETAILS

OFFICE USE

Legal Surname		Preferred Surname	
Legal First name		Preferred First name	
Eldest child at this school		Place in Family of	
Address			
Phone		Mobile	
Fax		Email	
Residence /Citizenship?	Date NZ Entry / /	Country of Birth	

Boy / Girl	Birthdate: / /	Current Class/Year
Previous School		
Ethnicity (up to 3)		
IWI / HAPU (up to 3)		
IN ZONE / OUT OF ZONE		

Title	Surname	First Name	Relationship to child	Occupation	Shift Hours
Residential Address <small>If different from pupil</small>				Phone home	work mobile
Title	Surname	First Name	Relationship to child	Occupation	Shift Hours
Residential Address <small>If different from pupil</small>				Phone home	work mobile

Court Order issued? YES / NO / NA		Extra copy of school report to	
<small>Attach separate sheet if more space required</small>			
Emergency Contact 1st	Relationship	Contact Phone	Mobile
Emergency Contact 2nd	Relationship	Contact Phone	Mobile

Did the child regularly attend Early Childhood Education service(s)
☐ Yes, for the last ____ years ☐ Not regularly, only occasionally ☐ No, did not attend ECE

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended

Please enter the number of hours per week for up to 3 services	Service 1	Service 2	Service 3
◇ Kohanga Reo	_____	_____	_____
◇ Playcentre	_____	_____	_____
◇ Kindergarten or Education & Care	_____	_____	_____
◇ Home Based Service	_____	_____	_____
◇ Playgroup	_____	_____	_____
◇ The Correspondence School—Te Aho o Te Kura Pounamu	_____	_____	_____

OR
Please tick the appropriate box

◇ Attended, but only outside NZ

◇ Attended, but don't know what type of service

◇ Did not attend

◇ Unable to establish if attended or not

Doctor:	Phone	Dental Clinic
<small>Attach separate sheet if more space required</small>		Immunisation Certificate Sighted YES NO Requested Completed YES NO
Allergies	Sight	
Medication	Speech	
Hearing	Serious Problems	

Learning & Behaviour Needs	
Special Needs (Background / Funding) eg ESOL, ORRS	
Other Information / Requests	
Names of members of family likely to be attending this school in future	1. _____ Birthdate / / 2. _____ Birthdate / /

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. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate educational and health authorities, within the limitations of the privacy act. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

DATE / /

SIGNATURE OF PARENT/CAREGIVER _____

<input type="checkbox"/> Birthdate Verified	<input type="checkbox"/> School Information Pack Issued	<input type="checkbox"/> Health Information	ADMISSION No	
<input type="checkbox"/> New Class	Room Number	Teacher	DATE OF ENTRY	
<input type="checkbox"/> Proof of residence	NSN		BUS LIST	

WAITAKERE PRIMARY

PARENT PERMISSION FOR THE PUBLICATION OF STUDENT IMAGES AND WORK

The school requires parent approval prior to placing images and work on the internet. Please read the following, sign it and return it to Waitakere Primary School along with the Digital Citizenship agreement above.

If you have any concerns, please discuss them with your child's teacher or Waitakere Primary School
E - Learning Leaders.

As the parent or legal guardian of [full name of student], **I agree to Waitakere Primary publishing images of my child, as well as any work that he or she may create at school on:**

- ☐ Skool Loop / Newsletter
- ☐ Seesaw
- ☐ School Facebook page
- ☐ School Website

A copy of Waitakere Primary's policy on the online publication of student images and student work and the guidelines contained in that policy is available from the school office.

I agree that this consent shall continue until I withdraw my consent by notifying the school in writing.

Signature of parent or legal guardian

Signed:

Date:



PARENT HELP QUESTIONNAIRE

Name.....

Address

Telephone

Childs Name.....

Room Number

Please circle which answer is applicable:

Are you available for —Parent Help ? **Yes** **No**

Please circle the days you are available:

Mon Tue Wed Thu Fri

Do you prefer: **Mornings** **Afternoons** **Either**

I prefer general support work i.e. cutting & pasting: **Yes** **No**

I have special skills that I could share with teachers or students eg. second languages, gardening, carpentry, crafts etc.

Please list

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Thank you for your support.

Waitakere Primary



Waitemata
District Health Board
Te Wai Awhina

Parent/guardian: Please return this completed form to the school office

SCHOOL VISION AND HEARING TESTING

Waitemata District Health Board provides free vision and hearing screening for children. This screening is carried out by Vision and Hearing Technicians who visit schools and provide Vision and Hearing clinics in various community locations.

VISION TEST:

Distance vision. A letter matching (or letter identifying) test determines whether the child can see what is expected at 4 meters distance.

HEARING TEST:

Audiometry. An audiometer is used to measure hearing. The child wears headphones, and drops a peg/bead into a basket every time a sound is heard.

Tympanometry. If the child does not seem to hear all the sounds with the audiometer test, tympanometry is used to show whether there may be 'glue ear' or some other blockage in the hearing system. A soft rubber cap seals the opening of the ear and a measurement is made of how well the ear drum reacts to sound and changes of air pressure.

Parents/caregivers will be informed of all results (including any problems identified).

If your child does not pass a vision or hearing screening test, you will receive a letter suggesting what to do, including recommended follow up.

Name of child.....NHI number.....
Date of Birth...../...../..... Ethnicity.....
School Room.....
Child's address.....
.....Phone number..... Mobile
Family doctor (GP).....

I consent to vision and hearing testing for my child at school:

VISION TEST Yes.....No.....Comment.....

HEARING TEST Yes.....No.....Comment.....

Name of parent/ guardian.....

Signature of parent/guardian..... Date...../...../.....

*The results of the screening will be stored in the Ministry of Education ENROL data base. Any information stored on this data base can only be accessed by properly authorised school personnel or Vision Hearing Technicians. **If your child passed the vision and hearing test at age 4 (part of the B4 School Check), no further routine testing is needed at school.***



Mural painted by our Year 5 to 8 students 2006 - has pride of place on the side of our hall
