

Kauri Flats School

181 Walters Road, Takanini 2110

Phone – (09) 222-4780

Enrolment Application

Name of Student _____

(First name)

(Surname)

Year 0 1 2 3 4 5 6 7 8 (circle)

The following documents **must** be included with this application form before it will be considered. When you have ALL the documents below, call the office to make an appointment.

- Completed Health Form (attached)
- Completed Cyber Safety use agreement (attached)
- **If not** a permanent NZ Resident please provide relevant permits
- We require the **original** of your full NZ Birth Certificate (or passport if born outside of NZ)
- **3x Proof of address** (Tenancy Agreement AND bond lodgement confirmation together are one OR Purchase & Sale Agreement, AND any 2 of the following – current Power/Broadband/Water bill, Government Dept i.e. Immigration, current Electoral Roll Confirmation, NZ Post Change of Address form, Work & Income), for those boarding we will ask for evidence of rent/board payments (e.g. historical evidence of weekly/fortnightly payments from bank statement) at any time. **For those renting a room we require – receipts if paid by cash (to support rent payments, no exceptions), proof of rent payments via bank statements, Tenancy Agreement & Bond Lodgement confirmation, insurance documentation. The School is obliged to advise IRD if rental payments are being paid in Cash (as this is considered Income to the homeowner) and the owner must provide the tax return for the rental of the room as evidence from the IRD**
- Immunisation records
- Completed EOTC form (attached)
- Statutory Declaration (attached)
Under Section 15 sub-section 240 (1) of the Crimes Amendment Act 2003, providing false and incorrect information constitutes obtaining a benefit by deception a benefit by making false representation intended to deceive. The information you provide must be true and correct and you acknowledge, by signing any of our enrolment forms, that you understand the implications of fraudulently providing false details.

Due to the high volume of continued fraudulent (fake) documents and information we receive, the school will randomly audit families we believe have provided false information on their enrolment forms. The audit will be at any time and may require: further documentation (recent bills, rent payments etc)

- Home visit/spot checks
- The hiring of a private investigator (if found you have fraudulently provided incorrect information to enrol at KFS, you will be billed for this service).

Should the school find that you have fraudulently enrolled at Kauri Flats School YOU WILL BE REPORTED TO THE APPROPRIATE AUTHORITY AND PROHIBITED FROM FUTURE ENROLMENT OF YOUR CHILD/REN IN THE FUTURE.

STUDENT DETAILS	
Surname:	Male / Female (<i>circle</i>)
First Names:	Date of Birth:
Preferred Name:	Country of Birth:
Ethnicity:	Main language spoken at home:
If Maori please state Iwi:	
Please complete if the student WAS NOT born in New Zealand	
Date arrived in NZ:	Expiry of Permit:
Immigration Status (<i>circle</i>): Permanent NZ Resident Work Permit Student Permit Other	

ADDRESS DETAILS	
Home Address:	Home Phone:
	Parents Email:

FAMILY INFORMATION	
<i>Mother / Guardian / Caregiver (Mrs, Miss, Ms)</i>	<i>Father / Guardian / Caregiver</i>
Name:	Name:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Occupation:	Occupation:
Country of Birth:	Country of Birth:
<i>Parents not living at the same address as Student</i>	
Mother (Mrs, Miss, Ms)	Father
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

EMERGENCY CONTACT (prepared to collect your child if we're unable to contact Caregivers above)		
Name:		
Address:	Phone Number:	Relationship to Student:

Students enrolling from another School or Early Childhood Centre			
Previous Primary School or ECE	Date Started	Date Left	Length of Attendance/Hours:
Reason for leaving:			

Other family members at Kauri Flats School			
Surname	First Name	Relationship	School Whanau

Has your child ever been stood-down / excluded? (<i>please circle</i>)	YES	NO
If yes why?		

Any other information (including custody, access arrangements, court orders) full document required to support:

Parent/Caregiver Permission

Food Preparation:

I give my child permission to take part in the preparation and making of food in the classroom

Parent / Caregiver: _____

Cyber Safety and Internet Use:

I have read and explained to my child, the Student Cyber Safety and Internet Use Agreement information and give permission for my child to use the internet for educational purposes as part of the school curriculum.

Parent / Caregiver: _____

Use of Student Photographs; Samples of Work and Filming:

Occasionally student work or photographs are used in publicity material e.g. the Prospectus, Website, external publications, displays or in filming work. I agree that Kauri Flats School can use this material and that they will own those photos/footage and that they can edit and use them indefinitely in any media.

Parent / Caregiver: _____

School Uniform:

I understand that the wearing of the full and correct Kauri Flats School Uniform is a condition of enrolment and I will support the school by providing this uniform for my child and I will ensure my child wears this at all times

Parent / Caregiver: _____

Behaviour:

I understand the school has a positive reinforcement programme which incorporates the schools code of conduct and is part of the school wide Positive Behaviour for Learning programme. I acknowledge it is a condition of enrolment that I support the school in this programme and that I accept the consequences of any misbehavior of my child by supporting the school in how it deals with that misbehavior. I also guarantee that my child will attend school regularly and on time.

Parent / Caregiver: _____

Financial:

I agree to:

- a) Meet the financial commitments as set out by Kauri Flats School.
- b) Reimburse the school for any damage my child causes through vandalism, willful damage or theft of/to school property.

Parent / Caregiver: _____

Data:

As a leading New Zealand primary school we maintain regular interactions with a variety of Universities and educational organisations in order to continue to develop best practice and as a result will use student data for articles, scientific journals and other academic sources. All information will be anonymous and no student names will be used.

Parent/Caregiver: _____

All permissions granted will be in place for the duration of your child's time at Kauri Flats School unless advised in writing.

I am interested in helping the school (<i>circle</i>)	YES	NO
If you answered yes to the above question		
How are you able to/would like to help: (in class support, parent support group, cultural groups etc)		

Privacy Act:

The information collected by Kauri Flats School at enrolment is subject to the provisions of the Privacy Act 2020

The information will be used for education and necessary administration purposes, and for such governmental returns as the school is legally required to.

Giving false or incomplete information may invalidate a student's enrolment at the school.

For Office use only

Forms Provided: <ul style="list-style-type: none"><input type="checkbox"/> Birth Certificate copy/Passport copy (if necessary)<input type="checkbox"/> Student Health Record Completed<input type="checkbox"/> Cyber Safety Use agreement/EOTC signed<input type="checkbox"/> Proof of address<input type="checkbox"/> Immunization record

Notes

Kauri Flats School
Student Health Form

Surname: _____ First Names _____ Year: _____

Date of Birth _____

Have you ever had or do you have any of the following (*please tick*)?

Medical Condition	No	Yes	Medication Required
Allergies			
Asthma			
Attention Deficit Hyperactivity Disorder			
Back/Neck problems			
Bleeding disorders			
Diabetes			
Dyslexia			
Epilepsy			
Glandular fever			
Hay fever			
Headaches – frequent or severe			
Head Injury			
Hearing problems			
Heart Condition			
HIV/Hepatitis A or B			
Migraines			
Nose Bleeds			
Rheumatic fever			
Seizures/Fits			
Skin disorders e.g. Eczema			
Sports injury			
Tuberculosis			
Vision problems e.g. glasses			
A course of treatment / counselling			
Any medical condition not listed above – details:			
Medication: Regular medication requiring administration at school may be left with the School Office after the required documentation is complete.			

Are childhood vaccinations current?	Yes	If possible please provide proof of vaccination (e.g. Plunket Well Child Booklet)	Yes
MMR (<i>Measles, Mumps, Rubella</i>)			
Hepatitis			
Tuberculosis – (<i>BCG</i>)			
Rubella (<i>German Measles</i>)			
Meningococcal Disease			
Tetanus		/ / (date of last tetanus injection)	

Doctors Name: _____ Phone No: _____

Address: _____

Dentist Name: _____ Phone No: _____

Address: _____

I wish to enroll my child in the Ministry of Health School Dental Service (*please circle*)

Yes No

Where appropriate, the school may administer non-prescription medicines e.g. panadol/paracetamol, antihistamine etc. (*Parents/Caregivers will be called before an administration of non prescription medicines*).

If considered to be necessary, I give permission for my child to undergo a health assessment and screening i.e. vision, hearing etc.

Parent/Guardian signature:

The school realises that family circumstances and student's health may change in the course of a year. It would be greatly appreciated if the school is notified as soon as possible by:

- A phone call to the office
- A note to the office
- Visiting the school office and informing the school

In case of Accident or Emergency

In case of an accident or emergency and the school cannot contact you, or if the accident is serious, the School may arrange for your child to be taken to your Doctor, local Medical Clinic or Accident and Emergency.

I give permission for the school to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.

Parent/Guardian signature:

I certify the above information, to the best of my knowledge is true and complete.

Signature: _____
(Parent/Guardian)

Date: _____

****This information will remain confidential and will be treated in accordance with the Privacy and Health and Information Code 2020***