



## Adventure School

Dear Parents / Caregivers

Thank you for your enquiry about enrolling your child at our school. Attached is the Enrolment Application Form. Please note, that **all enrolment documentation is required before we can process your application** – we are happy to photocopy documents for you.

To enroll your child, please provide:

- Enrolment Application Form**
  - Proof of residential address** is required for enrolment of oldest child only. We require a copy of **two** of the following:
    - Current Porirua City Council rates account
    - Recent utility account (e.g. power, gas, Sky)
    - Current tenancy agreement
    - Property purchase agreement
  - Birth Certificate** (preferred) or Passport
- or
- NZ Residency Permit or Student Visa/Permit** plus birth certificate, together with parent's passport with valid work permit
  - Immunisation Certificate**. All primary schools are required to keep a register recording the immunisation status of all enrolled children
  - Medical form** (if necessary)

Before and after school care facilities are provided in our school hall by After School Fun Club. For enquiries please contact their office on phone 234 6440 or email [office@asfc.co.nz](mailto:office@asfc.co.nz).

If you have any questions please feel free to give us a call. We look forward to receiving your enrolment application with the supporting documents listed above.

Tania Cox  
Acting Principal



Adventure School

Longitude Place, Whitby, PORIRUA 5024

Phone: (04) 234 7220

Cellphone: 027 329 7799

Email: [office@adventure.school.nz](mailto:office@adventure.school.nz)

Web: [www.adventure.school.nz](http://www.adventure.school.nz)

## ENROLMENT APPLICATION FORM

### STUDENT DETAILS

Legal Surname:		Legal First Names:	
Preferred Surname:		Preferred First Name:	
Date of birth: / /	Male / Female	Year level:	Start Date: / /
Previous school / Pre-school:			
Place in family:		Eldest sibling at this school:	
Family members likely to attend in the future (including DOB):			

### STUDENTS ETHNIC BACKGROUND

Country of birth:	Citizen / Resident / Student Visa / other:
Verification document: Birth certificate / NZ passport / Resident or Study Visa / other:	
Ethnicities:	Visa / Residency expiry date: / /
Date of entry into NZ: / /	Language spoken at home (if not English):
Iwi/Hapu:	

### EARLY CHILDHOOD EDUCATION (complete for 5 year olds only)

Did your child regularly attend early childhood education?

Yes, for the last \_\_\_\_\_ years  
 Not regularly, only occasionally or with no on-going schedule  
 No, did not attend

For the 6 months prior to starting school which services will your child attend?

Please select up to 3 services and indicate the hours per week:	ECE 1 (Hrs per wk)	ECE 2 (Hrs per wk)	ECE 3 (Hrs per wk)
Kohanga Reo			
Playcentre			
Kindergarten or education and care centre			
Home based service			
Playgroup			
Correspondence School – Te Aho oTe Kura Pounamu			
OR			
Attended, but only outside New Zealand			
Attended, but don't know what type of service			
Did not attend			

**PRIMARY PARENT / CAREGIVER DETAILS**

Miss / Ms / Mrs / Mr	Relationship:	Student living with you: YES / NO
Surname:	First name:	
Address:		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

Miss / Ms / Mrs / Mr	Relationship:	Student living with you: YES / NO
Surname:	First name:	
Address (if different from above):		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

**OTHER GUARDIAN/CAREGIVER: (e.g. Step-parent or living with grandparent)**

Relationship:	Student living with you:	YES / NO
Surname:	First name:	
Address:		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

**CARE ARRANGEMENTS AND CUSTODY**

Legal Guardians (If other than Mother and Father):
Custody or Parenting Agreement in place? YES / NO. If yes, please attach relevant documentation and supply details below:
Court Order issued? YES / NO. If yes, please supply a copy.
If parents not living together, who should we send an extra copy of school reports to?

**SICKNESS/EMERGENCY CONTACTS (People you authorise to collect your child from school to care for them in the event of sickness/civil defence emergency – additional to parents/caregivers.)**

Surname:	First name:
Relationship:	Male / Female
Home Ph:	Mobile No:

Surname:	First name:
Relationship:	Male / Female
Home Ph:	Mobile No:

Surname:	First name:
Relationship to Child:	Male / Female
Home Ph:	Mobile No:

## HEALTH

Doctor:

Phone:

Medical Clinic / Address:

Paracetamol to be administered: YES NO

Fully immunised: YES NO (Please provide a copy of immunisation records)

Does your child have any problems with:

- Speech	YES	NO
- Vision	YES	NO
- Hearing	YES	NO

If yes, please provide brief details:

Does your child suffer from:

- Asthma – Inhaler and spacer to be held in the office
- Allergies, please specify:
- Diabetes
- Other medical conditions:

*If your child needs medication during school hours please complete a separate Medical Form*

## LEARNING AND BEHAVIOUR

Does your child have a learning difference we need to be aware of to meet their needs? YES NO

If yes, please supply details:

Is your child receiving any assistance from outside agencies e.g. RTLB, SES, CAMHS YES NO

If yes, please supply details:

Do you have any concerns regarding your child's development? YES NO

If yes, please supply details:

Other relevant information about your child:

## STUDENT ABSENCE NOTIFICATION

The Ministry of Education requires notification of a child's absence from school and the reason for the absence. Absences of a week or more must be advised in writing. By law, the school records all absences with explanations. You must notify the school office if your child is not attending by:

- Telephone (04) 234 7220 and leave a message
- Phone or text 027 329 7799
- Skoolbag App
- Email [office@adventure.school.nz](mailto:office@adventure.school.nz)

*The Public Health Nurse advises that children who have had vomiting or diarrhoea must be off school for 48 hours after the last symptoms.*

## ENROLMENT ZONE

The Trustees of Adventure School need to know they are providing services to families within our Enrolment Zone. Enrolment is based on the permanent residential address of the student at the time they commence at Adventure School. Therefore, please complete the form below:

- |   |     |    |
|---|-----|----|
| - My child(ren) and I live at the address stated on this form             | YES | NO |
| - I will advise the school immediately if we move from the stated address | YES | NO |

Please supply **two** of the following: (oldest child only)

- Current Porirua City Council Rates account
- Recent utility account (e.g. power, gas, Sky)
- Current tenancy agreement
- Property purchase agreement

## PARENT APPROVALS

I consent to my child:

- being seen by the Public Health Nurse and/or Hearing & Vision Testing Technician
- taking part in activities within the immediate school area (e.g. walks to Whitby Mall)
- taking part in extra-curricular activities from time to time, for which there may be a charge

I agree:

- that the school will take action on my behalf in case of sudden illness or injury
- to abide by the school's policies
- to my child wearing the compulsory school uniform
- that the school may forward my child's name and address to a potential intermediate or secondary school

## Checklist – documents attached

- Birth certificate / Passport / Student or Resident Visa
- Proof of address (required for oldest child only)
- Immunisation Certificate
- ICT Agreement (to be provided by school office)
- Medical Form (if necessary)
- Custody documents (if necessary)

## Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. 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 principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

**Name:**

**Signature:**

**Date:**

## OFFICE USE

In / Out Zone      Pre-enrol      Edge updated      ENROL     NSN No:

House:

Room:

Teacher:

Accept sent:

Visit / class letter sent:

Records requested: