Botany Downs School Enrolment Form

35 Mirrabooka Avenue, Botany Downs 2020

Phone: 534 9848 Email: office@botanydowns.school.nz

STUDENT DETAILS

Surname:	First Name:	Preferred Name:
Address: …… …… Postcode: ……	Current Pre-School/School *(if school, current year level):*	
Date of Birth / /	☐ Male ☐ Female	☐ In zone ☐ Out of Zone

STUDENT ETHNIC BACKGROUND

☐ NZ European ☐ NZ Māori ☐ Other: ……	Language(s) spoken:
Iwi: 1.	2.
Country of birth:	Date of Entry to NZ:
☐ NZ Citizen ☐ Permanent Resident	Country of Citizenship *(if not NZ):*

PARENT/CAREGIVER'S DETAILS

Parent 1/ Caregiver's Name: Address *(if different to student):* …… …… Postcode: ……	Parent 1/ Caregiver's Name: Address *(if different student):*…… …… Postcode: ……
Relationship to Student:	Relationship to Student:
Phone: Home: …… Work: …… Mobile: ……	Phone: Home: …… Work: …… Mobile: ……
Email:	Email:
Occupation: …… Work Place: ……	Occupation: …… Work Place: ……

PARENT/CAREGIVER'S ETHNIC BACKGROUND

Parent 1: ☐ NZ European ☐ NZ Māori *(please state iwi):* …… ☐ Other: ……	Parent 2: ☐ NZ European ☐ NZ Māori *(please state iwi):* …… ☐ Other: ……
Language(s) spoken:	Language(s) spoken:
Country of Birth:	Country of Birth:
Date of Entry to NZ: / /	Date of Entry to NZ: / /
☐ NZ Citizen ☐ Permanent Resident ☐ Refugee Status	☐ NZ Citizen ☐ Permanent Resident
Country of Citizenship *(if not NZ):*	Country of Citizenship *(if not NZ):*
☐ Student Work Visa Visa Expiry Date / /	☐ Student Work Visa Visa Expiry Date / /

EMERGENCY CONTACTS ***(other than parents or caregivers)***

Name:	Phone:
Mobile:	Relationship to Child:

CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL:

CUSTODY/ACCESS/ADDRESS ARRANGEMENTS ☐ Yes ***Please provide copies of any relevant Court Papers*** ☐ Yes

MEDICAL

Immunisation Certificate Sighted and up to date? ☐ Yes ☐ No	I consent to my child's vison and hearing being tested. ☐ Yes ☐ No
I consent to my child's vision and hearing being tested: ☐ Yes ☐ No	
Allergies:	Medication:
Other Medical information	Medication:

☐ In an emergency, I give permission for Botany Downs School to call an ambulance or transport my child by private vehicle to the nearest Accident and Emergency if they have been unable to notify myself or emergency contacts.

Doctor Name:	Medical Centre:	Phone:

Has your child received any of the following *(Please tick all that are appropriate):*

☐ ORS- Ongoing Resource Scheme ☐ ELL- English Language Learning

☐ SLT- Speech Language Therapy ☐ ICS- In Class Support

☐ Other *(Please state):* ……

Please provide any details of learning and behaviour needs:

EARLY CHILDHOOD EDUCATION PARTICIPATION

Hours Attended per week	
☐ Kohanga Reo	……
☐ Playcentre/ Playgroup	……
☐ Kindergarten or ECC/Preschool	……
☐ Home based service	……
☐ Te Aho o te Kura Pounamu	……

Did your child regularly attend Early Childhood Education?

☐ Yes for the last ……. year (s)

☐ Not regularly, no on-going schedule (occasionally)

☐ Attended but only outside NZ

☐ No, did not attend ECE

Did your child regularly attend Early Childhood Education in the 6 months prior to starting school?

☐ Yes ☐ No

SIBLINGS LIKELY TO ATTEND BOTANY DOWNS SCHOOL IN FUTURE YEARS

Name: …….. DoB: / / - M/F	Name: …….. DoB: / / - M/F

ENROLMENT CHECKLIST ***(please supply the following documents with your application, otherwise the application cannot be accepted)***

☐ I give permission for my child's photograph/work/name to appear in our BDS Newsletter, Website, Year Book, School App, Facebook.

☐ I give permission for the school to contact the previous school or ECE attended.

☐ Completed enrolment form

☐ Copy of Birth Certificate/Passport *(if child was born in New Zealand)*

☐ If born outside of New Zealand, Passport needs to be sighted by the Office *(showing original visas or permits required under Immigration Act)*

☐ Immunisation Certificate

☐ 'Getting to KNow Me' Interview Booked or Koru Kids (if Year 0/1 starting school)

Signature: …… Date: ……

OFFICE USE

Birth Date Verification: ☐ Birth Certificate Number or ☐ Passport/ number		**Enrolment Number:** **Date of Entry:** / /
NSN: **Date Entered:**	**Teacher:** **Year Level:**	**Room:** **House:**