

RIVERVIEW SCHOOL

Student Enrolment Form

P O Box 942, Kerikeri 0245

Phone (09) 4077277 email: admin@riverview.school.nz



STUDENT

Legal Family Name (as per birth certificate)	Boy/Girl	Birth Date:	Birth Certificate Supplied: Y/N
Legal First Names (as per birth certificate)	Place of Birth:	Previous School:	Year Level:
Preferred Full Name (if different from birth Certificate)	First Language	No. of schools previously attended:	
Address where Student lives:	Other Language spoken at home	Ethnicity:	1
			2
			3
Mailing Address for Student (if different from above):		Iwi:	1
			2
			3
Siblings at this school (indicate eldest)		Names of Legal Guardians (if not Parent/Caregiver):	

PARENT/CAREGIVER

Parent / Caregiver (to be contacted for absences or emergencies)			
Mr, Ms, Mrs, Miss FIRST NAME:	Relationship to child:	Home Phone:	
		Work Phone:	
LAST NAME:	Country of Birth:	Mobile Phone:	
		Email:	
Occupation & Place of Work:	Home Address:		
Parent / Caregiver (2 nd contact in case of emergencies)			
Mr, Ms, Mrs, Miss FIRST NAME:	Relationship to child:	Home Phone:	
		Work Phone:	
LAST NAME:	Country of Birth:	Mobile Phone:	
		Email:	
Occupation & Place of Work:	Home Address:		
Extra Contact (3 rd contact in case of emergencies)			
Mr, Ms, Mrs, Miss FIRST NAME:	Relationship to child:	Home Phone:	
		Work Phone:	
LAST NAME:	Email:	Mobile Phone:	
	Home Address:		

OFFICE USE ONLY

Teacher: _____	NZ Resident: Yes <input type="checkbox"/> No <input type="checkbox"/> Permit/Visa Details: _____	Copy of Passport: Yes / No
Year Level: _____		Arrival in NZ ___/___/___
Room: _____		Transport: Bus / Walk / Other
Date of Entry: ___/___/___	ESOL <input type="checkbox"/> Migrant/ Refugee/ NZ Born	
NSN: _____		
Enrolment No: _____		
ENROL Update <input type="checkbox"/>		

MEDICAL INFORMATION – Please outline any health problems or medication

HEALTH ISSUES we should be aware of ...	
ALLERGIES:	
SIGHT/ VISION/ SPEECH/ HEARING OR OTHER MEDICAL ISSUES:	
MEDICATION:	OK FOR PANADOL <input type="checkbox"/> Yes <input type="checkbox"/> No
IMMUNISATION: The immunisation certificate has been sighted by the school on enrolment <input type="checkbox"/> Yes <input type="checkbox"/> No My child is (please indicate) : Fully immunised Yes <input type="checkbox"/> <input type="checkbox"/> No Not immunised	
FAMILY MEDICAL CENTRE:	PHONE:

CUSTODY OR ACCESS ARRANGEMENTS

Is there a custody arrangement for your child? (Please provide details)	
Court order issued? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Other Information:
Extra Copy of School Report to: _____ (emailed / hard copy)	
Extra Copy of School Newsletter to: _____ (emailed / hard copy)	

PREVIOUS SCHOOLING (including early childhood education)

Date first started at <i>any</i> Primary School _____ (e.g. date first started school)	
Student is transferring from School (name) _____ Year Level _____	
Please indicate what Early Childhood Centre(ECE) this student attended (if starting school this year)	
<input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Playcentre <input type="checkbox"/> Kindergarten or Early Childhood Education Centre <input type="checkbox"/> Home-Based Service <input type="checkbox"/> Attended, but only outside New Zealand <input type="checkbox"/> Did not attend any service	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last _____ year/s <input type="checkbox"/> Not regularly, only occasionally Approx number of hours per week _____ Name of Centre _____

FUTURE SIBLINGS

For planning purposes, please list your child's siblings who may attend our school in the future.		
Child's Name	Boy or Girl	Date of birth

LEARNING AND BEHAVIOUR

Learning / Behaviour Needs: _____
ESOL (English for speakers of other languages): Does your child require this programme to communicate in daily life? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist Needs / Resourcing / Agencies: _____
Has your child been stood down, suspended, or excluded from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the reason? _____

PARENT / CAREGIVER DECLARATION

I/We acknowledge that the information is true and correct in every particular and can be relied upon by the School. If found to be false by the School, then the School reserves the right to remove our child.

I/We agree that our child shall abide by all School Rules and Regulations.

I/We understand and give permission for the medication detailed in the Medical Information to be administered if and when necessary. If our child requires short term medication (e.g. antibiotics), I/we will send a note which gives the school permission to administer this medication and the reason for the medication, ensuring that the container is labelled with the child's name, its contents, the dosage, expiry date, and other relevant information (e.g. "store in fridge"). In the event of accident or sudden illness, I/we authorise the staff to obtain such medical assistance as may be necessary.

I/We consent to my child's vision and hearing being tested.

I/We understand that my child's work and image may be used in accordance with the school's online publishing policy/procedures.

I/We understand that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. The information is kept in a student file and also in a computer database.

I/We also agree to the school requesting relevant information from other schools for enrolment purposes/ class placements and to it forwarding relevant information to another school for enrolment purposes/ class placements.

I/We give permission to authorise Riverview School to utilise government organisations such as the Ministry of Education, Specialist Education Services, etc to ensure that our child receives appropriate assistance particular to our child's educational needs.

I/We will ensure that our child attends school regularly and punctually and will only be absent in cases of illness or emergency. I/We will apply in writing to the Principal to request leave of absence for our child outside of the above reasons.

I/We will notify the school of any absence as early as possible on the morning of any absence.

I/We will inform the school of any change of address, contact details, or family circumstances within one week of it occurring.

Signature: _____ Date: _____

LAUNCHPAD

A team of people from our local community provides a weekly 30-minute Christian Values education session during a lunchtime (based on the Launchpad Curriculum <https://launchpad.kiwi/>; a copy of the programme is available at Reception). Please indicate if you would like your child to attend:

Checklist: On enrolling your child, you must bring the following documents with you to the School Office.
School Enrolment Form

NZ Birth Certificate or Passport

Immunisation Certificate

Proof of Address (e.g. rates or electricity statement)

Court Order Document (if applicable)

Overseas students must also supply:

Passports – yours and your child's with the following:

Student Visa on your child's passport

Work Permit / Residency Permit



Blanket Consent for EOTC experiences

Education Outside The Classroom (EOTC) is the name given to all events/activities/experiences that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beaches, rivers, mountains, Bay of Islands, and the bush in our area and beyond. We are also close to various built environments / historical sites in our community (e.g. The Stone Store Basin) which are all rich learning environments for our students; we value being able to provide the concept of providing students with these opportunities. This document is seeking your consent for your child/ren to participate in such learning.

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief, they are:

Type of event	Description	Type of consent
A	On site - in the school grounds (i) Lower risk environments (e.g. Gardening) (ii) Higher risk environments* (e.g. Sleepover at school)	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring in school time. (i) Lower risk environments (e.g. Cross Country) (ii) Higher risk environments* (e.g. Sail Day)	(i) Blanket consent at enrolment and notified (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments (e.g. Reading Recovery observation at the Kaikohe Reading Recovery Centre) (ii) Higher risk environments* (e.g. Floating Classroom)	(ii) Separate consent for each event or programme (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments* (e.g. Senior Camp)	(i) Separate consent (ii) Separate consent for each event or programme

*Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and to identify the management strategies required to eliminate, isolate, and minimise the risks. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to the participation of _____ In *lower risk* categories **A** and **B** and **C** EOTC events while a student at Riverview School.

I/We have provided the school with up-to-date medical, supervision, and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____