



OFFICE USE ONLY:

# STUDENT ENROLMENT

Application Type (please tick) In-Zone	Out-of-Zone
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Date Started:	House:	Enrolment Number:	Year Level:	Room Number:
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## STUDENT INFORMATION

Family Name:	First Name(s):	
Preferred Name:	Date Of Birth:	
Previous School:	2018 Year Level:	Gender: Male Female

Address:

**NOTE:** Is your child currently under suspension or disciplinary action from another school **Yes / No**

**NOTE:** **All Enrolments** : For all students born in New Zealand, a copy of the child's Passport and Birth Certificate must be presented to the school office with this enrolment form. **Enrolment cannot be accepted until the documentation is shown.**  
**In Zone Enrolments Only :**  
 Attach as proof of in-zone residence – a recent copy of two of the following: electricity or telephone account, Tenancy Agreement. Enrolment cannot be accepted without this. We **DO NOT** accept Rates/Environment Waikato invoices or Sale and Purchase Agreements.

Names of family members already attending HNS: (please state name and relationship):  
 Present: .....  
 Future Siblings to attend: Name..... DOB: .....  
 Name..... DOB: .....

## FAMILY INFORMATION

**Mother / Caregiver's Name:**  
 Home Address (if different from above)

Contact Details	Home Ph:	Work Ph:
Email:		Mobile:
Occupation:		Place of Work:

**Father / Caregiver's Name:**  
 Home Address (if different from above)

Contact Details	Home Ph:	Work Ph:
Email:		Mobile:
Occupation:		Place of Work:

**Emergency Contact (other than parents):** Relationship to Child:

Phone:	Does anyone <b>NOT</b> have access to the child:				
Student lives with (please tick)	Both Parents	Mother	Father	Caregiver 1	Caregiver 2

Any custody/access arrangements that the school should be aware of: (a copy of documentation must be presented to the office)  
 .....

## EARLY CHILDHOOD EDUCATION (Please circle the type of early childhood care attended)

Kindergarten or Education and Care Centre   Playcentre   Home Based Centre   Kohanga Reo   Playgroup   Correspondence School  
 Name of Preschool: ..... Hours Attended Per Week: .....  
 Length of time attended: ..... (years/months)

## HEALTH, MEDICAL & PERSONAL

Name of Doctor: Phone:

Medical Problems:

Medications taken:

Dental Clinic: Will be attending Peachgrove Community Dental Clinic **Yes / No** Other: .....

Permission for school to administer medication if needed - (please circle)	Panadol <b>Yes / No</b>	Antihistamine <b>Yes / No</b>
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**Measles Immunisation Documentation**

**NOTE** My child is fully immunised against Measles (two doses of MMR/Measles vaccine, after the age of one year old) (Please circle) **Yes / No**  
 Please provide evidence of your child's immunisation status for measles e.g. WellChild book or immunisation printout from your G.P.

## STATISTICAL AND ENROLMENT DATA

**Ethnic Group:** (please tick)

NZ Maori	European	Cook Island Maori	Chinese
Indian	Samoan	Tongan	South African

Other (please specify)

Iwi Affiliations:

What is the main language spoken at home?

**NOTE**

**Students Born Outside New Zealand Must Complete the Following:**

*Please note:* For all students **not born in New Zealand**, their original documentation (Passport/Visa and Birth Certificate) must be presented to the school office with this enrolment form.

Country of Birth:	Date of Entry to NZ:
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**Status – please tick one**

NZ Citizen	NZ Resident	Student Visa / Permit	International Student
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Visa Expiry Date:	Visa Number:	Passport Number:
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## CLASS PLACEMENT INFORMATION

Information you can share to help your child to make a smooth transition into our school. Please comment where appropriate.

Learning Strengths:

GAT : Would you like a questionnaire to complete? **Yes / No**

Learning Support Needed (Learning Difficulties) please comment if your child receives Special Education Support:

Does your child require support with English as a new language **Yes / No**

Please list any activities such as music, sports, drama hobbies, your child is involved in:

## INFORMATION PRIVACY

The school is sometimes obliged by law to give information to Government Departments {e.g. Ministry of Education (MoE), Ministry of Health (MoH) and Ministry of Social Development (MSD)} but it will not otherwise be disclosed without your authorisation.

I understand that Hillcrest Normal School undertakes to collect, update, store and disclose personal information in accordance with the provisions of the Privacy Act, 1993, and the School Code of Practice pursuant to Section 46 of the Act.

**Use of Student Photographs and Samples of Work**

I understand that Hillcrest Normal School uses the internet to enhance student learning. From time to time, we publish on the school's internet website [www.hillcrestnormal.school.nz](http://www.hillcrestnormal.school.nz), social media and in publicity material for educational purposes, to share the process and outcomes of learning, and to promote HNS within the wider community. This may include examples of student's schoolwork and images of students and groups of students in activities at the school and in the community. Images of students may include digital or video images of them taking part in school, class or EOTC activities. I give permission for my child's schoolwork or their digital or video images to be used for this purpose.

**Yes / No**

**Computer and Internet Acceptable Use**

I have read and explained to my child, the student Cyber Safety and Internet User Agreement information form included in the Prospectus and give permission for my child to use the internet for educational purposes, as part of the school programme.

**Yes / No**

## GENERAL

**First Aid**

I give permission for my child to be treated as necessary by the school designated First Aider or school staff member.

**Yes / No**

**Food Preparation**

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

**Yes / No**

**Consent for Education Outside the Classroom**

I give approval for my child to participate in off-site programmes of learning, within his or her normal classroom time allocation and as approved by the Principal.

**Yes / No**

**I wish to make application for my child to enrol at Hillcrest Normal School. I understand the conditions in the prospectus and agree to abide by them, in particular I agree that:**

- The school behaviour code will be adhered to
- The policies of the school, additional to the prospectus, will be supported
- I confirm that the address I have provided to the school will be the usual place of residence for my child when school is open for instruction. I will advise the school of any subsequent change of address. Should I subsequently move outside the Hillcrest Normal School Zone I understand the Board of Trustees has the right to review the enrolment. *(Applicable for in-zone enrolments only.)*

**Parent/Guardian Signature:** ..... **Date:** .....

**Enrolment Check List - Office Use Only**

Both Parent/Caregiver have signed the enrolment form • Proof of in-zone residence attached (only for in-zone enrolments) •  
 Measles/MMR immunization records are attached • Copy of student's birth certificate/passport attached •

Etap:	Xero:	Enrol:	Vistab:	Vistab ASC	G.A.T.E / Teacher	Request for Records	IT:
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