Allenton School
Together we learn and grow
Me akotahi hei oranga mō te katoa



OFFICE USE ONLY

Year Level:	_____	**Room:**	_____
Date Enrolled:	____/____/_____	**House:**	_____
Enrolment Number:	_____	**NSN:**	_____

INFORMATION

Thank you for your interest in enrolling your child at Allenton School.

This is a provisional enrolment form, and requires evidence of eligibility to enrol in a New Zealand School. This is typically either your child's New Zealand birth certificate or New Zealand passport, as well as any applicable immigration documentation.

Additionally, as our school operates with an enrolment zone, we require proof of address. This should be in the form of a rates statement or tenancy agreement.

If you would prefer, this form can also be completed online via our school website.

STUDENT DETAILS

First Name(s):	
Surname:	
Preferred Name:	
Date of Birth:	**Gender:**
Address: *Refer to the information above regarding enrolment documentation.* *Ensure you include your postcode in this informationIn the fir*	
Siblings' Names and Date of Birth: *This may include siblings, both younger and older, who are not attending Allenton School.*	
Ethnicity / Ethnicities	
Iwi: *If you have specified Māori as your ethnicity, this information is required*	
Languages spoken at home:	
Child's Country of Citizenship:	
Child's Country of Birth:	**Date of Entry into New Zealand:** *If applicable*

PARENT / CAREGIVER AND CUSTODY DETAILS	
First Name:	**First Name:**
Surname:	**Surname:**
Relationship to child:	**Relationship to child:**
Address incl. Post Code (if different to above):	**Address incl. Post Code (if different to above):**
Phone (Home):	**Phone (Home):**
Phone (Mobile):	**Phone (Mobile):**
Phone (Work):	**Phone (Work):**
Occupation:	**Occupation:**
Place of Work:	**Place of Work:**
Email: *A unique email for each caregiver is preferred*	**Email:** *A unique email for each parent is preferred*
Parent's Country of Birth:	**Parent's Country of Birth:**
Child Lives with:	
Custody / Access Arrangements: No | Informal Agreement | Formal Agreement *(circle one)* *If "Informal Agreement", please detail below. If Formal Agreement, please provide a copy of the court order.*	

EMERGENCY CONTACTS	
Emergency Contacts may be asked to collect your child if you are unavailable. Please consider their proximity to Allenton School and their availability.	
First Name:	**First Name:**
Surname:	**Surname:**
Relationship to child:	**Relationship to child:**
Address:	**Address:**
Phone (Mobile):	**Phone (Mobile):**
Phone (Other):	**Phone (Other):**

PREVIOUS EDUCATION
Most recent School / Preschool attended:
Preschool Education (circle one): Kindergarten | Home-based service | Kohange Reo | Other (specify below) **How long (years and months) did your child attend?** **How many hours per week did they attend?**

HEALTH AND WELLBEING INFORMATION

Allergies / Illnesses / Known Medical Conditions:
Continue on a separate page if necessary. If your child has a medical management plan, please provide us with a copy.

Dietary Requirements:
This may include cultural or religious reasons

Doctor / Medical Centre Name and Phone Number:

ADDITIONAL INFORMATION

Do you give permission for your child's name and/or photo to appear in school publications, including the newsletters, school website, and school-managed social media? *Usually this is in the form of group photos celebrating success, including sporting and other achievements*	**Yes No** *(Circle one)*
Do you give permission for your child's first name and/or photo to appear in local newspapers and media publications, such as the Ashburton Guardian and the Ashburton Courier? *We will contact you if this was not part of a group photo.*	**Yes No** *(Circle one)*
Does your child travel to or from school on the bus? *The bus service is operated by Mid Canterbury School Transport Service (MCSTS). You will need to enrol with them separately via their website - www.mcsts.co.nz*	**Yes No** *(Circle one)*

PRIVACY STATEMENT AND PARENT DECLARATION

Privacy Statement:
The information collected will be used by Allenton 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.

Parent Declaration:
By proceeding with this enrolment, I agree to the following:

- Allenton School will take action on my behalf in the case of sudden illness or injury. I authorise the school to obtain the necessary medical assistance, and I agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention
- To abide by Allenton School's policies and procedures
- Allenton School may collect or forward my child's details to or from other educational institutions (Early Childhood Centres, Intermediate or Secondary schools, or other primary schools) as necessary to support my child's transition throughout their schooling
- Allenton School may collect or forward my child's details to or from Te Whatu Ora (Health New Zealand) as needed to enable Vision and Hearing screening, and community dental services (dental van)
- My child can travel for local Education Outside the Classroom (EOTC) trips where the event is local to Ashburton and we are travelling on foot, by bus, or by private vehicle
- The address provided is our place of residence and we are eligible to enrol based on the school's enrolment scheme
- All information that I have provided is true and correct

Name: **Signature:** **Date ____/____/____**