



Tipu oki kaha

Clinton Primary School

Te kura o Popotunoa

Clinton School Enrolment Form

Please complete an enrolment form for each child you wish to enrol. After completing the form, please come to the school office with:

- Your child's full birth certificate
- Your child's immunisation certificate
- Proof of Address in Parents' name, e.g. Electricity Account, Rates Account, Rental Agreement
- Early Childhood Centre Portfolio (if applicable)

Office use only

Sibling Y N

Enrolment no _____

1st day at Clinton _____

Room _____

Year level _____

Birth cert/passport

Immunisation record

NZ citizen

Student details	
Legal first name:	Legal surname:
Preferred name:	
Home address:	
Gender:	D.O.B:
Country of birth:	Ethnicity:
If NZ Māori, please state Iwi(s):	
First language spoken at home:	
Other languages spoken at home:	

Whānau/Family Information	
Legal guardians: <input type="checkbox"/> Mother (Hākui/Whaea) <input type="checkbox"/> Father (Hākoro/Matua) <input type="checkbox"/> Both parents (kā Matua) <input type="checkbox"/> Caregiver (either whānau or non-whānau)	Who is this child living with?
Father/Matua/Caregiver 1 Details	Mother/Whaea/Caregiver 2 Details
Full Name:	Full Name:
Home Address (if different from child):	Home Address (if different from child):
Contact Phone Number:	Contact Phone Number:
Email address:	Email address:
Occupation, Workplace and Contact Phone Number:	Occupation, Workplace and Contact Phone Number:

Siblings at Clinton School or likely to attend in the future:

1. _____
2. _____
3. _____
4. _____

Custody/access arrangements

Please provide a copy of any Parenting Order

Court order: Yes No N/A

Sighted: Yes No Requested

Emergency contact details

Not parent or primary caregiver

Full name:

Relationship to child:

Phone number:

Email address:

Home address:

Health and special agencies

Family doctor's name:

Phone number:

Health information for your child:

Please note any medical conditions including allergies, specific medications, diagnoses, etc.

<p>Special dietary requirements: <i>Please note any health or religious dietary requirements.</i></p>	
<p>Please tick any service(s) you and your family have engaged with:</p> <p><input type="checkbox"/> Behaviour support</p> <p><input type="checkbox"/> Learning support</p> <p><input type="checkbox"/> Speech/Language</p> <p><input type="checkbox"/> Physical needs/conditions</p> <p><input type="checkbox"/> Other</p> <p>_____</p>	<p>Name of Support Agency and/or Key Worker:</p>

<p>New Entrant enrolment information <i>For children enrolling in school for the first time</i></p>
<p>Did your child regularly attend Early Childhood Education? <i>"Regularly attend" means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.</i></p> <p><input type="checkbox"/> Yes How many hours _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Occasionally</p>
<p>Please select Early Childhood services your child attended in the last 6 months: <i>The Ministry of Education requires parents / guardians to supply more detailed information on a new entrant's Early Childhood Education participation. Please click on the options that apply to the service(s) that your child attended in the 6 months prior to starting school.</i></p> <p><input type="checkbox"/> Kindergarten or Education and Care Centre</p> <p><input type="checkbox"/> Playcentre</p> <p><input type="checkbox"/> Home based service</p> <p><input type="checkbox"/> Playgroup</p> <p><input type="checkbox"/> Kohanga Reo</p> <p>Please write the names of these centres below:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Previous schooling information

School(s) child has come from:

If your child is transferring to us from another school please state the name of their previous school(s).

What year group were they in their previous school?

Date first started school:

General information

Help us to get to know you and your child better.

What does your child like to do in their free time?

Does your child have a passion about something in particular?

Who does your child like to play with/spend time with? *(friends, adults, on their own)*

Does your child have any worries/concerns/fears that we might need to know about?

Does your child belong to any clubs/sports/church groups/etc.?
What would you like school to provide for your child?
Please include any additional information you feel is important for the school to know in respect of your child.

Agreements and permissions

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information that the school holds on my child. I confirm that the information on this form is true and correct. The records made from this information may be viewed on request at the school.

I understand that my child's educational records may be requested from the previous school and passed to subsequent schools.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that if my child is ill, they will be kept at home and I will inform the school of their absence each day before 9.00am by phone/text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the school will take action on my behalf in case of sudden illness or injury.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the school to administer paracetamol/panadol without needing to contact me first.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be assessed and treated by the local Dental Nurse or any Community Health members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the school to publish my child's first name, image (taken in an educational setting) or original works in any school publication, e.g. school newsletter, school website, Seesaw.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to go on local school trips within walking distance of Clinton School.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Tipu oki kaha

CLINTON SCHOOL

Respect for self, others and our environment

Education Outside of the Classroom Blanket Consent Form

Kia ora whānau

This Education Outside of the Classroom (EOTC) form is to request consent for your child to participate in EOTC events **which occur during the course of a school day, on-site or in the local area, and at a low risk level**. Example events include: visiting the playcentre, kindergarten, walking to cross country, flower show, Sports Clutha organised tournaments. These events will be managed according to the school's safety management procedures for such events. Information will be communicated about these events **but your consent will not be requested**.

If students are being transported to or from an event in private vehicles, travel permission will be requested in advance. If you have any questions or concerns about your child's participation at any time please do not hesitate to contact the school.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments, or the event continues overnight, specific consent will be required.

Please ensure that ākonga details such as health information and emergency contacts are kept up to date with the school office during the year.

Please ensure that all sections of this form are completed and it is returned with the enrolment form.

If you have any questions, please contact the office via the information below.

Regards,

Tracey Burnet
admin@clinton.school.nz

Privacy Statement

The personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Student Name	Student Current School Year
Address	
Caregiver Email Address	Caregiver Mobile Phone

Medical and Support Consent for EOTC event

In an emergency the school may act on my behalf	<input type="radio"/> agree <input type="radio"/> disagree
Should my child require pain management the school may administer pain relief, as indicated on their enrolment form.	<input type="radio"/> agree <input type="radio"/> disagree
I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.	<input type="radio"/> agree <input type="radio"/> disagree
If my child has extra support needs, I have informed the school and have been involved in the individual support planning for this activity to be successful for my child.	<input type="radio"/> agree <input type="radio"/> disagree
I will inform the school as soon as possible of any changes in the medical or other circumstances.	<input type="radio"/> agree <input type="radio"/> disagree
I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.	<input type="radio"/> agree <input type="radio"/> disagree
Any medical costs not covered by ACC or a community service card will be paid by me	<input type="radio"/> agree <input type="radio"/> disagree

Parent/Caregiver Consent

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.	<input type="radio"/> agree <input type="radio"/> disagree
I have read the EOTC activities information covered by the blanket consent, and I understand the specific risks associated with involvement in these.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that these risks cannot be completely eliminated.	<input type="radio"/> agree <input type="radio"/> disagree
I understand the school will identify any foreseeable risks or hazards and implement effective management procedures to eliminate or minimise those risks.	<input type="radio"/> agree <input type="radio"/> disagree
I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that the school will encourage all ākongā to participate to their full potential, and for some ākongā a support plan will be implemented following discussion with whānau to achieve this.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that behaviour will be monitored and support put in place to promote the full participation of all ākongā.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.	<input type="radio"/> agree <input type="radio"/> disagree
If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.	<input type="radio"/> agree <input type="radio"/> disagree

Caregiver Signature	Date
Full Name of Caregiver	

By enrolling my child at Clinton School, I understand that I am automatically a part of the Parent Teacher Association.
Please see the PTA form attached to volunteer your support for an upcoming event.

- ☐ Yes
☐ No

By signing this form, I agree to abide by Clinton School policies.

Parent/Caregiver name: _____

Signature: _____

Date: _____

Clinton School - Student Education Outside The Classroom (EOTC) Contract - covers all EOTC events

I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.	<input type="radio"/> I agree
I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.	<input type="radio"/> I agree
Follow the rules and instructions of staff and other supervisors at any event.	<input type="radio"/> I agree
Take part in all activities within 'challenge-by-choice' options.	<input type="radio"/> I agree
Ask for support if I need it, knowing that the supervising adults want to support me to be successful.	<input type="radio"/> I agree
Declare any medical conditions that could affect my participation in the event.	<input type="radio"/> I agree
Accept the rules set by the school for any event, even if they are different from what is accepted at home.	<input type="radio"/> I agree
I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:	
My actions are considered unacceptable by staff	<input type="radio"/> I agree
I break the school drugs and alcohol policy	<input type="radio"/> I agree
My actions put myself or others in any danger.	<input type="radio"/> I agree
Student name:	Date:
Signature:	

