



MAYFAIR SCHOOL

IN ZONE ENROLMENT FORM

Student start date will be 24hrs after enrolment is handed back or verbal communication has been made with Senior Management Team.

Legal First Names: _____ Legal Surname _____

Preferred First Name: _____

Gender: Male / Female (Circle) Date of Birth: _____

Current Year Level: _____ or New Entrant _____

Pre-School (ECE) Name: _____

Hrs per wk _____ Years attended _____

Previous Primary School's Name: _____

Ethnicity: Maori ^{*} / NZ European / Samoan / Fijian / Tongan / Indian

Other: _____

^{*} please tell us what tribe(s) or Iwi you belong to:

- Is the child a NZ citizen? Yes / No *If not, please provide evidence of visa and passport information*
- Is the child a NZ Resident? Yes / No *Please provide evidence of visa or passport information*
- If your family are immigrants to New Zealand, please supply date of entry: _____
- If one or both parents are migrants to New Zealand, please supply supporting immigration documentation i.e. parents passports and child's Birth Certificate (for funding purposes only)

Please note: **A NZ Birth Certificate, NZ Passport, Citizenship Certificate, NZ Resident or Student Visa, along with an Immunisation Record (if applicable), and proof of in-zone residential address (either a Rates Notice or Rental Agreement) MUST be sighted and a copy taken by the School Office.**

Home Address is private: Yes / No

Physical Address:

_____ Postcode: _____

Telephone: (Home) _____ Preferred Mobile No: _____

Preferred e-mail address: _____

SCHOOL ID _____ NSN _____ START DATE _____ YR _____ CLASS _____ HOUSE _____

Parent(s) or Caregiver(s) Information

Caregiver 1: _____ Title: _____ Mrs / Ms / Miss / Mr / Dr (circle)
First Name: _____ Surname: _____
Phone: (Home) _____ (Mobile): _____
Postal Address: _____
(if different from above) _____ Postcode: _____
Occupation: _____
Work Name: _____ Work Phone Ph: _____

Caregiver 2: _____ Title: _____ Mrs / Ms / Miss / Mr / Dr (circle)
First Name: _____ Surname: _____
Phone: (Home) _____ Mobile: _____
Postal Address: _____

Emergency Contact: _____ Phone No: _____

Health and Medical

Doctor's Name: _____
Medical Centre: _____ Phone No: _____
Health: Please name any medical conditions or allergies: *(including allergy to plasters)*

Medication provided to the school, full details including dosage required.

Please complete a Medication Notification / Consent Form held at the School Office.

Ka Ora, Ka Ako | Healthy School Lunches Programme

If your child requires a specialized diet for medical, cultural, ethical or religious reason, please complete open and complete the link below

General Family Information

Are there any other children in your family likely to/or who are currently attending Mayfair?

Yes / No

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name(s) of any person forbidden by law to have access to your child:

A copy of the legal document (Court/Parenting Order) pertaining to this must be provided to the school.

Are there any family circumstances we should be aware of? *(all information provided is strictly confidential)*

ENROLMENT DECLARATION

- ☐ I agree that our son/daughter is required to wear the Mayfair School uniform as prescribed and abide by all the school rules and regulations.
- ☐ Should the need arise, I give permission for my child to receive the recommended dosage of Paracetamol.
- ☐ If required I am happy for my child to see the Dental Therapist/ Hearing and Vision Technician/ Public Health Nurse
- ☐ I am happy to have the school administer sunscreen and basic first aid to my child.
- ☐ I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation e.g. ambulance costs.
- ☐ I give my general approval for the student enrolled to participate in off-site programmes learning, within his or her normal classroom time allocation and approved by the Principal. These are events related to the curriculum, either on-site in the school grounds or off-site events in the local community which are in lower risk environments.
- ☐ I give permission for photos and videos of my child taken as part of our school-wide learning to be shared with our community, e.g. in the school yearbook, on our website, on our Facebook and Twitter page. Children's full names will never accompany any visual images on the internet.
- ☐ I give permission for my child's photograph to be used for promotional purposes outside the school e.g. newspaper articles, pamphlets, etc.
- ☐ I am happy for my child to use the school filtered internet and e-mail as a tool for their learning while they attend Mayfair School.

Birth Certificate or Passport Information attached: Yes / No

Immunisation Certificate attached: Yes / No

Proof of In-Zone Address attached: Yes / No (see "Enrolment Declaration")

Consent under the Privacy Act 1993 and Declaration by Parent(s) /

Guardian(s)

To the best of my knowledge the information contained in this enrolment form is true and correct. Mayfair School requires accurate information in order to communicate with parents/caregivers, to determine appropriate educational and pastoral support needs and to complete statistical returns.

The Privacy Act 1993 places rules on the collection, use, storage and access of information that is received at enrolment, and from student academic records. All reasonable care is taken in the collection, storage and security of this information. From time to time it needs to be updated. Individuals have the right of access to personal information through the Principal, who is the Mayfair School Privacy Officer. At the discretion of the Principal, under section 76 and section 77 of the Education Act 1989, this information may be shared with the following groups of professionals on a need to know basis: School staff, Specialist Education services, Public Health Nurse and Doctors, Ministry of Education, Children and Young Persons and their Family service, Police, other professionals approved by the Principal. If you do not wish personal information to be released then contact should be made with the Principal.

Name of Parent: (Guardian) _____

Signature: _____

Date: _____

Enrolment questionnaire

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the school's enrolment scheme. The board needs to be sure that an in-zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students.

In addition to specific documents showing proof of residence, it will assist the board if you complete the following questionnaire.

Student's name _____

1. What school is the student currently attending (if any)

2. What is the address that will be the student's usual place of residence when the school is open for instruction?

If the student will be living with the parent(s):

3. Have you lived at this address for more than one year? _____

4. If you answered "yes" to question 3 above, is this:

your only residential address? _____

your main residential address? _____

if "no", state your other address _____

5. If you answered "no" to question 3 above, do you own the property? _____

if "no", do you intend to stay at this address permanently? _____

If any issues arise from the above information, the board may wish to interview you to ensure the genuineness of the application.