

Enrolment Form

Studen	Student's Name:					
Date o	f Birth:			Yea	r Level:	
Date Starting At Silverdale School: / /						
Please return completed forms (see * below) along with: Proof of in-zone residential address eg: sale & purchase agreement, rates/water demand, power bill - no more than 3 months old from date of admission Learner's birth certificate & passport						
OFFICE USE ONLY Birth Certificate & Passport * Proof of Address * Digital Citizenship Agreement * Dental Services Form *						
Hearing & Vision Form * Immunisation Form * Out of Zone Sibling						
Room	Year Level	Teacher	Но	use	Admission #	Date of Entry

Student's Legal Surname:				
Student's Preferred Surname:				
Student's Legal First Name:				
Student's Preferred First Name:				
Boy / Girl	Current Year Level: Place in Family: of			
Physical Address:				
Postal Address:				
Previous schools:				
Date of enrolment in first New Zeal	and school:			
Early Childhood Centres:				
lwi / Hapu:		Affiliation:		
Ethnic Group(s):		Home Language:		
Country of Birth:				
If not born in New Zealand:				
Date of Entry in NZ: / /				
Date of Parents Work Permit & Student Visa: / /				
NZ Residency: Yes / No				
Additional Information:				
Please create an 8 character password for your child's school chrome account				
Chrome Password:				
I give permission for my child's image to be used where appropriate. Eg newsletter, website, classroom displays etc				

Parent / Caregiver Details (1st Contact)				
Mr / Mrs / Miss / Ms Surname:				
First Names:				
Relationship to Student:	Primary Caregiver: Yes / No			
Physical Address:				
Home Phone:	Mobile Phone:			
Work Phone:	Occupation:			
Email:				
Parent / Caregiver Details (2nd Contact)				
Mr / Mrs / Miss / Ms Surname:				
First Names:				
Relationship to Student:	Primary Caregiver: Yes / No			
Physical Address:				
Home Phone:	Mobile Phone:			
Work Phone:	Occupation:			
Email:				
Emergency Contact				
Name:	Relationship to Student:			
Home Phone:	Mobile Phone:			
Name:	Relationship to Student:			
Home Phone:	Mobile Phone:			
Medical Information				
Medical Centre:				
Address:	Phone:			
I give permission for the school staff to administer first aid				

Dental Clinic / Dentist:	Phone:	
Address:		
Immunisation Certificated Attached: Yes / No Immunisation Certificated Completed: Yes / No		
Allergies:		
Medication:		
Hearing (including history of ear infections / glue ear):		
Sight:		
Speech:		
Serious Issues:		
Learning & Behaviour Needs		
Does your child have any special learning and behavioura	I needs? If so, please record details:	
Please circle whether your child has received special assistance in any of the following areas: Reading / Behaviour / Speech / Motor Skills / Learning English / Gifted & Talented / General Learning Issues / Other		
Custody / Access Arrangements		
Court Order Issued: Yes / No / Not applicable	Court Order Attached: Yes / No	
Custody / Access Arrangements:		
Sibling		
Please record the details of family members likely to be atte	ending this school in the future:	
1. Name:	Date of Birth / / Date of Birth / / Date of Birth / /	

Can you neip the School?				
Please tick which areas you may be able to assist us with:				
Classroom Helper Reading Sup Sports Team Coaching / Managing PTA	port	-		ibrary Helper oard of Trustees
Prior-Participation in Early Childhood Education				
Please complete the table below for the last Early Childhood months prior to starting school:	l Educatio	on service	e(s) atte	nded in the six
Please enter the number of hours per week for up to 3 services	1	2	3	
Kōhanga Reo				1
Play Centre				1
Kindergarten or Education and Care Centre				1
Home based service				-
Playgroup				-
The Correspondence School – Te Aho o Te Kura Pounamu				-
Did the child regularly attend Early Childhood Education?			l	1
☐ Yes, for the last year(s).				
\square Not regularly, only occasionally with no on-going schedule	•			
\square No, did not attend ECE.				
Declaration				
In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding on of information to appropriate educational and health authorities, within the limitations of the privacy act. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I also agree to the announcement of my child's achievements in any school publications or at school assemblies. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.				

If you would like to receive our school newsletter by email please go to:

<u>www.silverdaleprimary.school.nz</u>

Signed :.....(Parent/Caregiver)

Enrolment Information for In Zone Students

Entitlement to Enrol at Silverdale School

Section 11D(1) of the Education Act 1989 provides that, subject to the provisions of that Act, a person who lives in the home zone of a school that has an enrolment scheme (such as Silverdale School) is entitled to enrol at any time at that school.

"Enrolment" occurs when attendance at the school commences and the student is first marked as present on the school roll.

The school may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

Moving out of the Home Zone between pre-enrolment and the commencement of attendance a Silverdale School.

The address given at the time of application for pre-enrolment must be the student's usual place of residence when the School is open for instruction. This means that if you currently live at an in-zone address but move to an out-of -zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school and the Board may withdraw any offer of a place made on the basis of the given address.

Enrolment based on false information or temporary residence.

The Ministry of Education has advised that parents should be warned of the possible consequences of attempting to gain enrolment by knowingly giving a false address or false information or by making an in-zone living arrangement which is intended to be only temporary. For example:

- Renting accommodation in-zone on a short term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience', with no intention to live there on an on-going basis.

If the School learns that a student was not living at the in-zone address given at the time of preenrolment, or the School has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining enrolment at School the Board may review that enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Sections 110 and 110A of the Education Act 1989.

Moving out the Home Zone after commencing attendance a Silverdale School.

Because only a student who lives in the home zone is entitled to enrol at Silverdale School and because the Board of Trustees has the statutory power to annul the enrolment in certain circumstances, all changes to the student's usual place of residence when the school is open for instruction must be immediately notified to the School in writing. Where permission is being sought for the student to remain at the School application must be made in writing prior to the move being undertaken. Please note this also applies to all students who were enrolled before the home zone amendment and their siblings e.g. Stillwater / Pinevalley.

Statutory Declaration for In-Zone enrolments.

I,	being the parent /guardian
of	(name of student) do solemnly declare as follows.
1.	That the information contained in this enrolment is true and correct in every respect.
2.	Any change to any information provided in this form prior to the student being first marked as present on the School roll will be notified to the School in writing.
3.	I confirm that(name of student) is currently living within the home zone of Silverdale School and the residential address which I have provided to the School will be their usual place of residence when the School is open for instruction unless I notify the School otherwise in writing.
4.	I understand that students accepted under the in-zone criteria are expected to remain resident in-zone for the duration of their enrolment with the School.
5.	A temporary residence within the School's home zone has not been used for the purposes of gaining enrolment at the School.
6.	I will advise the School of any change of address. If any change involves a move from in-zone to out of zone I undertake that prior to the move being undertaken I will apply to the Board in writing and with reasons, for permission for the student to continue as a student at the School. Where permission is not given I acknowledge that the Board may review the student's enrolment which may result in that enrolment being annulled.
Signe	d:(parent/guardian)
Date:_	



Silverdale School Mission Statement

To actively prepare each child to take responsibility for their own life-long learning, values and behaviour in partnership with the home and community.

Vision Statement

"Learn to Journey – Journey to Learn"