

CLUTHA VALLEY SCHOOL EMERGENCY INFORMATION / ENROLMENT FORM - 2018

Child's Full Legal Name:

Home Phone No.

Child's Preferred Name: _____

Child's Date of Birth: _____ (New Entrants to supply copy of birth certificate for viewing).

Country of Citizenship: _____ Religion: _____ Place in Family: _____

Date of Enrolment: _____ First Schooling Date (Age 5): _____

Ethnicity: 1. _____ 2. _____ 3. _____

Iwi: 1. _____ 2. _____ 3. _____

Language(s) spoken at home: _____

Names of Caregivers Child lives with: _____

Relationship to Child: _____

Other Primary Caregiver's Name: _____ Address: _____
(Mother or Father that the child does not live with.)

Emergency Contact Person: Name: _____ Phone Number: _____
(To be contacted if you are unavailable and your child becomes unwell at school.)

Family Doctor: _____ Phone _____

Family Dentist: _____ Phone: _____

Emergency Bus Contacts: First Choice: Name: _____ Phone: _____
(To be contacted if buses need to be sent home early, and you are not able to be contacted.)
Second Choice: Name: _____ Phone: _____

Please give details of pre-school children in your family.

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Your Address:
(Please include rapid no. & road name.)

Email: _____ Business Phone: _____

Caregiver's Cell Phone(s) – Name: _____ Ph: _____ Name: _____ Ph: _____

I give permission for my contact details to be made available to people organising school related activities, eg. PTA catering, camp organisers.

For your child's safety at school, please also complete section on the reverse of this page.

Please indicate 'Yes' or 'No' in the appropriate boxes:

	I consent to medical treatment being arranged if I am unable to be contacted in an emergency.
	I give permission for Panadol to be administered when necessary. Parents will be notified this has occurred.
	I give permission for my child to use the internet with adult supervision.
	I give permission for my child to attend Education Outside the Classroom trips and activities. (A note will be sent home prior to each trip to inform parents.)
	I give permission for the school to display or use work or photos of my child in connection with matters relating to Clutha Valley Primary School including the school website.

Medical:

Please give details of any medical conditions affecting your child, including allergies, etc., or any other information you feel is relevant.

Please give clear instructions as to how these will need to be dealt with at school

Medication:

Is your child on regular medication? (Please give details.)

If medication needs to be administered at school, please give details. **Include instructions for asthmatics, etc. If your child is carrying and using inhalers, your child must know how to use this medication correctly.**

Is your child fully immunised? _____ (New Entrants to supply Immunisation Certificate for viewing please).

Disabilities: If you are aware of any other disabilities affecting your child, please supply details. eg. sight, hearing, speech, any other information you feel is relevant.

Custodial Arrangements

If you have specific custodial arrangements for your child, please supply details:

Signed: _____

Date: _____

Prior participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?

Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kihanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

OR

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but do not know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to 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.

- .. Yes, for the last ____ year (s).
- .. Not regularly, only occasionally with no on-going schedule.
- .. No, did not attend Early Childhood Education.

B4 SCHOOL CHECK

The Ministry of Education shares information about five year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

PLEASE REMEMBER TO PROVIDE A COPY OF YOUR CHILD'S IMMUNISATION RECORD AND A COPY OF THEIR BIRTH CERTIFICATE. IF YOUR CHILD IS IN THE COUNTRY ON A STUDENT VISA WE WILL REQUIRE A COPY OF THE VISA.

Children Previously Enrolled at Other Schools:

Previous School: _____ Previous Teacher: _____ Class Level: _____

Address of School:

I give my consent to my child's previous school being contacted for details relating to his / her special needs, in addition to requesting the relevant record cards.

Parent's Signature: _____

Date: _____

My child has received intervention from the following personnel at their previous school.

<input type="checkbox"/>	Remedial classes / groups	Extension	<input type="checkbox"/>	classes / groups
<input type="checkbox"/>	Speech / Language Therapist	Resource Teacher	<input type="checkbox"/>	of Learning and Behaviour
<input type="checkbox"/>	Public Health Nurse	School	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Early Intervention Teacher	Reading	<input type="checkbox"/>	Recovery Teacher
<input type="checkbox"/>	Resource Teacher of Literacy			

I am happy for the school to contact this person to obtain any relevant information.

Parent's Signature: _____

Date: _____

