



# MATAMATA PRIMARY SCHOOL ENROLMENT FORM

STUDENT INFORMATION		NSN:	OFFICE USE																																								
Child's Surname:	Previous School:		Zone – In/Out <input type="checkbox"/>																																								
First Names:	Preschool Attended:		Proof of Residence <input type="checkbox"/>																																								
Preferred Name:	Weekly Hours Attended:      Date/Age Started:		Vaccination Record Sighted Yes/No																																								
Address:	Current Class Year Level:		Birth Certificate Verified Yes/No																																								
	Birth Date:		ESOL Funding Yes/No																																								
	Country of Birth:																																										
	Home Language:																																										
	First Language Spoken:																																										
Gender:                      MALE/FEMALE	Bus Pupil:	Yes/No	Bus Run:																																								
Place in Family: ..... / ..... Eldest Y/N	<b>Ethnic Origin:</b>		School House:																																								
Siblings at Matamata Primary	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori		Enrolment No: /																																								
Name: _____ Rm _____	<input type="checkbox"/> Dutch <input type="checkbox"/> Chinese		Entry Date ____/____/____																																								
Name: _____ Rm _____	<input type="checkbox"/> Pacific Island <input type="checkbox"/> Middle Eastern		Age at 1 Jan Year Level:																																								
Other Siblings attending in future:	Other (specify) _____		Teacher:																																								
Name: _____ DOB _____	If Maori please indicate:		Room No:																																								
Name: _____ DOB _____	Iwi _____ Rohe _____		Visa sighted and copied: Yes / No																																								
Bible in Schools Programme: Optional Yes/No (1/2 hour weekly at lunchtime)	Would like to attend Te Reo and Tikanga Class: Yes / No																																										
	Date to start at Matamata Primary School: ____ / ____ / ____																																										
PARENT/CAREGIVER INFORMATION																																											
If the student was not born in New Zealand please complete:																																											
Nationality: _____		Passport Number: _____																																									
Date of Entry into NZ: _____		Permanent Residency No: _____																																									
Student Permit/Visa: _____		Parent Work Permit: _____																																									
Expiry Date Student Permit: _____		Expiry Date Work Permit: _____																																									
Activity Fee Paid <input type="checkbox"/>		Stationery Paid <input type="checkbox"/>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Title</th> <th style="width: 25%;">First Name</th> <th style="width: 25%;">Family Name</th> <th style="width: 35%;">Occupation:</th> </tr> <tr> <td>Mr/Mrs/Miss/Ms</td> <td></td> <td></td> <td>Employer:</td> </tr> <tr> <td colspan="3">Address:</td> <td>Relationship to Child: Mother / Father / Caregiver</td> </tr> <tr> <td colspan="3"></td> <td>Child's Legal Guardian? Yes / No</td> </tr> <tr> <td>Phone: Home</td> <td>Work:</td> <td>Mobile:</td> <td>E-mail:</td> </tr> <tr> <th>Title</th> <th>First Name</th> <th>Family Name</th> <th>Occupation:</th> </tr> <tr> <td>Mr/Mrs/Miss/Ms</td> <td></td> <td></td> <td>Employer:</td> </tr> <tr> <td colspan="3">Address:</td> <td>Relationship to Child: Mother / Father / Caregiver</td> </tr> <tr> <td colspan="3"></td> <td>Child's Legal Guardian? Yes / No</td> </tr> <tr> <td>Phone: Home</td> <td>Work:</td> <td>Mobile:</td> <td>E-mail:</td> </tr> </table>				Title	First Name	Family Name	Occupation:	Mr/Mrs/Miss/Ms			Employer:	Address:			Relationship to Child: Mother / Father / Caregiver				Child's Legal Guardian? Yes / No	Phone: Home	Work:	Mobile:	E-mail:	Title	First Name	Family Name	Occupation:	Mr/Mrs/Miss/Ms			Employer:	Address:			Relationship to Child: Mother / Father / Caregiver				Child's Legal Guardian? Yes / No	Phone: Home	Work:	Mobile:	E-mail:
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Phone: Home	Work:	Mobile:	E-mail:																																								
Custody / Access Arrangements:      Parenting Order Issued: Y / N / NA (Please attach copies of documents)																																											
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver																																											
EMERGENCY CONTACT																																											
1st	Name:	Phone:	Mobile:																																								
2nd	Name:	Phone:	Mobile:																																								
CHILD'S MEDICAL INFORMATION																																											
DOCTOR:		Phone:																																									
DENTIST:		Phone:																																									
MEDICAL CONDITIONS AND ALLERGIES (Attach diagnosis details and information)																																											
Type: Mild / Moderate / Severe		Type: Mild / Moderate / Severe																																									
Medication:		Medication:																																									
Self-Medication Procedure:		Self-Medication Procedure:																																									
Has your child been to a dental clinic      Yes / No		Last Clinic Attended:																																									
LEARNING INFORMATION: Special Ability / Interests / Needs – Details:		BEHAVIOURAL INFORMATION: Details:																																									



## MATAMATA PRIMARY SCHOOL ICT USER AGREEMENT FORM

To the Parent/ Caregiver/ Legal Guardian

Please read this page carefully, to check you understand your responsibilities under this agreement. Please tick the appropriate boxes and sign this form. Detach and return to school.

I understand that Matamata Primary School will;

- Do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate material on the Internet or school ICT equipment.
- Working progressively with children and their families to encourage and develop an understanding of the importance of cyber safety through education designed to complement and support the User Agreement initiative. This includes providing students with strategies to keep themselves safe in cyberspace.
- Gain permission for the publishing of student's images and work online and entering competitions.
- Keep a copy of the signed User Agreement on file.
- Respond to any breaches in an appropriate manner.

My responsibilities as a caregiver are to:

- Discuss the information with my child and explain why it is important.
- Return the signed User Agreement Form to school.
- Support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to ask the teacher if they are unsure about any use of ICT.
- Notify the school of any changes that need to be put into effect

This agreement will remain in force as long as the student is enrolled at this school unless we are notified of any changes that need to be made.

Thank you

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I have read this Cybersafety User Agreement and I am aware of the school's initiatives to maintain a Cybersafe learning environment.

I give permission for my child's first name, work, photograph, video clip, or voice recording to be published on the internet e.g. class blog

I give permission for my child's work, photography, video clip, or voice recording to be published on social media e.g. Facebook

I give permission for my child's work, photography, video clip or voice recording to be entered into local and national competitions e.g. DigiAwards

Name of student \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Caregiver/ Legal Guardian signature \_\_\_\_\_

Name of Parent/ Caregiver/ Legal Guardian \_\_\_\_\_