



MATAMATA PRIMARY SCHOOL ENROLMENT FORM

STUDENT INFORMATION		NSN NUMBER: _____	OFFICE USE
Child's Legal Surname:	Previous School (If Applicable):		Zone - In/Out <input type="checkbox"/>
First Name (Legal):	Preschool Attended: Date Started: _____ Hours Attended: _____		Proof of Residence <input type="checkbox"/>
Preferred Name (Nickname):	Current Class Year Level:		Vaccination Record: Sighted Yes/No Covid Vac; Yes/No
Address:	Birth Date: Country of Birth:		Birth Certificate Verified Yes/No
	Home Language: First Language Spoken:		ESL Funding Yes/No
Gender: MALE / FEMALE	Bus Pupil: Yes/No		Springboard: Yes/No
Place in Family: / Eldest Y/N	Ethnic Origin: <input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Dutch <input type="checkbox"/> Chinese <input type="checkbox"/> Pacific Island <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other (specify) _____	School House:	
Other Siblings at Matamata Primary		Enrolment No: /	
Name: _____ Rm _____	If Maori please indicate: Iwi _____ Rohe _____ Would like to attend Kapa Haka; Yes / No	Entry Date _ / _ / _	
Name: _____ Rm _____		Year Level:	
Other Siblings Attending in Future:		Teacher:	
Name: _____ DOB _____		Room No:	
Name: _____ DOB _____		Visa sighted and copied: Yes / No	
Bible in Schools Programme: Yes/No (Non denominational ½ hour weekly)	Date to start at Matamata Primary School: _____ / _____ / _____		
If the student was not born in New Zealand please complete:			Activity Fee Paid <input type="checkbox"/> Stationery Paid <input type="checkbox"/>
Nationality: _____ Date of Entry into NZ: _____ Student Permit/Visa: _____ Expiry Date Student Permit: _____	Passport Number: _____ Permanent Residency No: _____ Parent Work Permit: _____ Expiry Date Work Permit: _____		
PARENT/CAREGIVER INFORMATION			
Title Mr/Mrs/Miss/Ms	First Name	Family Name	Occupation: Employer:
Address:			Relationship to Child: Mother / Father / Caregiver Child's Legal Guardian? Yes / No
Phone: Home _____ Work: _____	Mobile: _____	E-mail: _____	
Title Mr/Mrs/Miss/Ms	First Name	Family Name	Occupation: Employer:
Address:			Relationship to Child: Mother / Father / Caregiver Child's Legal Guardian? Yes / No
Phone: Home _____ Work: _____	Mobile: _____	E-mail: _____	
Custody / Access Arrangements: Parenting Order Issued: Y / N / NA (Please attach copies of documents)			
Child lives with: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver <input type="checkbox"/>			
EMERGENCY CONTACTS (OTHER THAN PARENT/CAREGIVER)			
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 Medication: Self-Medication Procedure:	Type: Mild / Moderate / Severe Medication: Self-Medication Procedure:	SENSORY DETAILS Sight: Speech: Hearing:	
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

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 _____