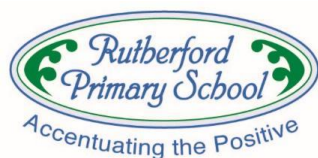


# IN-ZONE ENROLMENT FORM



## RUTHERFORD PRIMARY SCHOOL

2 Kotuku Street  
Te Atatu Peninsula  
Auckland 0610

Ph (09) 834 5467  
[office@rutherfordprimary.school.nz](mailto:office@rutherfordprimary.school.nz)  
[www.rutherfordprimary.school.nz](http://www.rutherfordprimary.school.nz)

### STUDENT DETAILS

Surname:	First Names:
Preferred Surname:	Preferred First Name:
Date of Birth:	Gender: <span style="float: right;">Girl/Boy</span>
Address:	Place in family: <span style="float: right;">out of <span style="margin-left: 20px;">child(ren)</span></span>
	Current Year Level:
	Previous School:
Home Phone:	Sibling(s) likely to attend in the future:
Mobile Phone:	
Email:	Name: <span style="float: right;">Birth Date:</span>
NZ Resident: Yes / No	Name(s) of other child(ren) attending this school:
Residency Permit: Yes / No	

### ETHNIC INFORMATION

### EARLY CHILDHOOD EDUCATION

Languages Spoken at Home:	Centre Attended Before Starting School:
Ethnicity 1:	<input type="radio"/> Home Based Service
Ethnicity 2:	<input type="radio"/> Kindergarten or Education and Care Centre
Ethnicity 3:	<input type="radio"/> Kohanga Reo
Iwi/Hapu:	<input type="radio"/> Playcentre
1.	<input type="radio"/> Playgroup or Pacific Island EC Group
2.	<input type="radio"/> Correspondence School
3.	<input type="radio"/> Did not attend
Country of Birth:	Approx hours per week spent at Pre-School:
Date NZ entry:	Approx Duration at Pre-School (Months/Years):

### PARENT / CAREGIVER DETAILS e.g Mother/Father/Guardian

CAREGIVER 1	CAREGIVER 2
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Occupation:	Occupation:
Work Name:	Work Name:
Work Phone:	Work Phone:
Child lives with: <span style="float: right;">Both Parents</span>	Caregiver 1 <span style="margin-left: 20px;">Caregiver 2</span> <span style="float: right;">(Please Circle)</span>
Parents Country Of Birth (Mother):	(Father):
Names of Legal Guardians:	
Custody Arrangements / Access Restrictions:	
Court Order Issued? Yes / No	Copy of Order on File: Yes / No

EMERGENCY CONTACTS	
Name:	Name:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
HEALTH / MEDICAL INFORMATION	
Doctor:	Phone:
Immunisations: My child is fully immunised to 5 years <input type="radio"/> Yes <input type="radio"/> No	
Immunisations: My child is part immunised. <input type="radio"/> Yes <input type="radio"/> No Details:	
Allergies:	Asthma: (If yes please fill in an Asthma Plan)
Medication:	
Vision / Hearing / Speech:	
Learning/Behaviour Needs:	
Specialist Needs / Resourcing / Agencies:	
PERMISSIONS	
<p><b>Internet:</b>  <input type="radio"/> Yes <input type="radio"/> No  I give permission for my child to use the internet for educational purposes, under the supervision of a teacher.</p> <p><b>Photos:</b>  <input type="radio"/> Yes <input type="radio"/> No  I give permission for photos of my child to be taken, and used for Teacher assessment, school publications, on the school website or by outside agencies (in consultation with parents/caregivers).</p> <p><b>Facebook:</b>  <input type="radio"/> Yes <input type="radio"/> No  I give permission for photos of my child to be used on the school Facebook page. This page is a closed group and can only be accessed/viewed by our current school community.</p> <p><b>Paper Newsletter:</b>  <input type="radio"/> Yes <input type="radio"/> No  Newsletters are sent by email and are on our website. Tick No if you do not want a paper copy.</p> <p><b>Walks &amp; EOTC (Education Outside the Classroom):</b>  <input type="radio"/> Yes <input type="radio"/> No  I give permission for my child to go on local school trips within walking distance of school.  <input type="radio"/> Yes <input type="radio"/> No  I give permission for my child to participate in E.O.T.C activities at school or within the Te Atatu Peninsula area.  <i>Individual permission will be sought for any other trip / excursions.</i></p>	
ADDITIONAL INFORMATION	
ACCEPTANCE	
<p>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. I approve the forwarding of this information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate school. I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies.</p> <p>Parent /Caregiver Name: .....</p> <p>Parent / Caregiver Signature: ..... Date: .....</p>	
OFFICE USE ONLY	
School Admission No:	Date Of Entry:
NSN:	Birth Certificate Number:
Year Level:	Room:
Teacher:	Start Date:
	Immunisation Certificate Sighted: