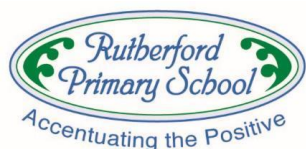


OUT OF ZONE ENROLMENT FORM



RUTHERFORD PRIMARY SCHOOL

2 Kotuku Street
Te Atatu Peninsula
Auckland 0610

Ph (09) 834 5467
office@rutherfordprimary.school.nz
www.rutherfordprimary.school.nz

STUDENT DETAILS

Surname:	First Names:
Preferred Surname:	Preferred First Name:
Date of Birth:	Gender: Girl/Boy
Address:	Place in family: out of child(ren)
	Current Year Level:
	Previous School:
Home Phone:	Sibling(s) likely to attend in the future:
Mobile Phone:	
Email:	Name: Birth Date:
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: Both Parents	Caregiver 1 Caregiver 2 (Please Circle)
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: <i>(If yes please fill in an Asthma Plan)</i>	
Medication:	
Vision / Hearing / Speech:	
Serious Problems:	
Learning/Behaviour Needs:	
Specialist Needs / Resourcing / Agencies:	

PERMISSIONS

Internet:
 Yes No
 I give permission for my child to use the internet for educational purposes, under the supervision of a teacher.

Photos:
 Yes 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).

Facebook:
 Yes 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.

Paper Newsletter:
 Yes No
 Newsletters are sent by email and are on our website. Tick No if you do not want a paper copy.

Walks & EOTC (Education Outside the Classroom):
 Yes No
 I give permission for my child to go on local school trips within walking distance of school.

Yes No
 I give permission for my child to participate in E.O.T.C activities at school or within the Te Atatu Peninsula area.
Individual permission will be sought for any other trip / excursions.

ADDITIONAL INFORMATION

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ACCEPTANCE

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.

Parent /Caregiver Name:

Parent / Caregiver Signature: Date:

OFFICE USE ONLY

School Admission No:	Date Of Entry:
NSN:	Birth Certificate Number:
Year Level: Room:	Immunisation Certificate Sighted:
Teacher: Start Date:	



Out Zone Supplement

Child's Name:
Year Level:
Potential Start Date:

Priority:

- One** - does not apply to Rutherford Primary.

- Two** - has current sibling attending Rutherford.
Name: _____ Year Started: _____

- Three** - has a sibling who attended Rutherford in the past.
Name: _____ Year Last Attended: _____

- Four** - has a parent who attended Rutherford
Name: _____ Year Last Attended: _____

- Five** - Parent is employed by the Ministry of Education
Name of School: _____

- Six** - None of the above

_____ **For Office Use Only** _____

Date Received:

Result:

- Add name to Google Doc for Out of Zone Applications
- Letter of result sent within 3 days
- Acceptance (if applicable)
- Waitlisted (if applicable)
- Tick out of zone on eTap (if applicable)