

WHAIA TE MATAURANGA STRIVE FOR KNOWLEDGE

89 Vine Street, Mangere East, Auckland 2024 Telephone (09) 276 4560 Email: office@suttonpark.school.nz

# **STUDENT ENROLMENT PROCESS**

The following 5 forms must be completed by parent / caregiver:

- Enrolment form
- □ Enrolment information disclosure
- □ Permissions & Technology Agreement
- Mana Kidz Medical Consent Form
- Eat my lunch special dietary questionnaire

### Please note:

The school will need to see an original NZ Passport, Birth Certificate, or student visa, if necessary, and an Immunisation Certificate together with Proof of Address, i.e. Utility Bill.

N.B. If the parents of the child being enrolled were born overseas a copy of a work visa or proof of NZ residency may also be required.

Once everything is filled in online please email it to <u>office@suttonpark.school.nz</u> and we will contact you once received.



## SUTTON PARK SCHOOL

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| STUDENT DETAILS                                                     |                                         |               |                                           |            |
|---------------------------------------------------------------------|-----------------------------------------|---------------|-------------------------------------------|------------|
| Family Name:                                                        | First Name                              | es:           |                                           | Male       |
|                                                                     | Preferred N                             | ame:          |                                           | Female     |
| Address:                                                            |                                         |               | Post Code:                                |            |
|                                                                     |                                         |               |                                           |            |
| Home Phone No:                                                      | Date of birth:                          |               | Ethnic Group 1:                           |            |
| Diago in formilius of                                               |                                         |               | Ethnic Group 2:<br>Ethnic Group 3:        |            |
| Place in family: of<br>If NZ Maori                                  |                                         |               | Ethnic Group 5.                           |            |
| lwi 1:                                                              | lwi 2:                                  |               | lwi 3:                                    |            |
| Country of                                                          | First                                   |               | Other spoken                              |            |
| Birth:                                                              | Language:                               |               | Languages:                                |            |
| School currently attending<br>Or last attended:                     |                                         |               | Year level:                               |            |
| Family doctor's name:                                               |                                         |               | Doctors Phone:                            |            |
| Class preferred: Tongan Bilingual                                   | Rumaki Reo (full                        | immersion)    |                                           |            |
| Samoan Bilingual                                                    | English Speaking                        |               |                                           |            |
| Any medical conditions/special needs/                               | learning difficulties we sho            | uld know ab   | out?                                      |            |
| Allergies?                                                          |                                         |               |                                           |            |
| Medications?                                                        |                                         |               |                                           |            |
| Do you consent to having your child's v                             | ision and hearing tested?               | Yes / No      |                                           |            |
|                                                                     |                                         |               |                                           |            |
|                                                                     |                                         |               |                                           |            |
| Prior Participation in Early Childhood E<br>Kindergarten Playcentre | ducation: (Please circle)<br>Home based | Kohang        | a Reo Playgrou                            | 10         |
|                                                                     | nome based                              | KUllang       | a neo Flaygiot                            | dr<br>dr   |
| Name of organisation attended:                                      |                                         |               | Hours p                                   | er week:   |
| How many years attended at Early Chil                               | dhood Education:                        |               |                                           |            |
| <u> For non – New Zealand residents only</u>                        |                                         |               |                                           |            |
| Date of first entry into NZ:                                        |                                         | ••••          | _                                         |            |
| Passport sighted by school office:  Number:                         |                                         |               | Docu                                      | ment       |
| Type of Immigration Permit: (e.g. Pern                              |                                         | ork Permit,   | Student Visa, Visitor's Vi                | isa)       |
|                                                                     |                                         |               |                                           |            |
| PARENT / CAREGIVER DETAILS                                          |                                         |               |                                           |            |
| Primary Caregiver Name: Mr/Mrs/Ms/Ms/Dr Se                          |                                         |               | Secondary Caregiver Name: Mr/Mrs/Ms/Ms/Dr |            |
| (First name & Surname)                                              |                                         | (First name a | & Surname)                                |            |
| Relationship to child:                                              | Ethnicity:                              | Relationsh    | nip to child:                             | Ethnicity: |
| Country of birth:                                                   |                                         | Country of    | birth :                                   |            |
| Address:                                                            |                                         | Address:      |                                           |            |
| Home phone number:                                                  |                                         | Home pho      | one number:                               |            |
| Email address:                                                      |                                         | Email add     | ress:                                     |            |
| Occupation/ Place of work:                                          |                                         | Occupatio     | n/ Place of work:                         |            |
| Work phone number: Work phone number:                               |                                         |               |                                           |            |
| Mobile phone number:                                                |                                         | Mobile ph     | Mobile phone number:                      |            |
| Does child live with both parents?                                  | Yes / No                                | If no, state  | e who child lives with:                   |            |

Do both parents have access to child? Yes / No (Legal documentation is required to support any access/custody arrangements) **Emergency contacts:** Please provide <u>2</u> emergency contacts who are **not** parents/caregivers.

1. Emergency name and phone number:

Relationship to child:

2. Emergency name and phone number:

Relationship to child:

#### ENROLMENT CHECKLIST:

For enrolments the school needs to establish the student's correct name, address and date of birth and eligibility to enrol legally. Please ensure you provide the following:

- 1. Copy of current electricity **or** phone **or** sky account **or** tenancy agreement etc. is attached.
- 2. Copy of the student's birth certificate **0***r* passport
- 3. Date of first entry into New Zealand completed and if the child is on a visa, a copy of this document is attached.
- 4. Immunisation information completed and copy attached.
- 5. Medical form is completed and attached.
- 6. Sutton Park School Permissions and Technology Agreement form completed and attached.
- Enrolment Information Disclosure Declaration signed below.
   Order a New Zealand Birth Certificate online: <u>https://www.certificates.services.govt.nz/</u>

NB: APPLICATION CANNOT BE ACCEPTED UNLESS ALL DOCUMENTATION HAVE BEEN SUPPLIED

### **ENROLMENT INFORMATION DISCLOSURE**

The information set out on the Application for Enrolment form relating to prospective students is requested because the school needs to know certain matters about applicants for administrative and educational purposes. This information is subject to certain protections under the Privacy Act 1993 and the school will only use this personal information for these administrative and educational purposes.

PRIVACY STATEMENT: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.

PARENTS APPROVALS: I agree that the school will take action on my behalf in case of sudden illness or injury. I give permission for the school to publish original work produced by my child on the school website or social media in accordance with the school's policy. I agree to abide by school policies. I agree that the school may forward my child's name and address to potential secondary schools.

Please note that this is an application for enrollment only. Applications will be accepted according to Ministry of Education guidelines.

- 1. Students and parents of Sutton Park School are expected to follow the school rules and adhere to school policy.
- 2. All students are expected to wear the correct school uniform at all times.
- 3. Working in an online environment is an integral part of student learning at Sutton Park School. While the school will do its best to restrict access to inappropriate websites, the student must take responsibility for, and abide by the school's Technology Agreement.
- 4. All students are required to arrive at school on time for school at 9:00 a.m. Any absence is to be notified by the parent/caregiver by ringing, texting or emailing the school office as early as possible.
- 5. While due care is exercised the school cannot accept liability for personal injury, loss or damage to student's property.
- 6. In signing this application for enrollment, I understand that the information in this application is true and correct.

#### DECLARATION

| I          | have read, understood and accept |
|------------|----------------------------------|
| the above. |                                  |

Signed ..... Date

| Office use only: | Teacher: |               |           |
|------------------|----------|---------------|-----------|
| Year:<br>Date:   | Room:    | Admission No: | Admission |
| NSN Number:      |          |               |           |



#### SUTTON PARK SCHOOL 89 Vine Street, Mangere East, Auckland 2024 Telephone (09) 276 4560

Principal: Fa'atili Iosua Esera

## Sutton Park School Permissions and Technology Agreement

| As the parent or guardian ofto:                                                                                        | , I give permission for my child |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Take part in school day trips within the Auckland City area                                                            | (Tick)                           |
|                                                                                                                        |                                  |
| Have their name, work or photo published in the school newslet<br>school website and Sutton Park School Facebook page. | tter,                            |
| Be given paracetamol if necessary for headache/pain                                                                    |                                  |
| Use the computers and have supervised access to the internet for related work only                                     | or school                        |

I understand that Sutton Park School information technology resources, (including computers, iPads, Chromebooks and cameras, are to be used for educational purposes only. Breaking this rule will lead to a loss of all information technology privileges in the school. I also understand that theft or damage through misuse will result in a bill for the cost of replacement parts or service and, in the case of theft or wilful damage, school disciplinary consequences will ensue.

| Have their work or photo published on the school website, or cl<br>on the internet                           | lass pages |  |
|--------------------------------------------------------------------------------------------------------------|------------|--|
| Be referred to Group Special Education (GSE) for learning or bel assessment or support should the need arise | havioural  |  |
| Attend Religious Education (Bible Study) at school                                                           |            |  |
| Signed:<br>(parent or guardian)                                                                              | Date:      |  |