



Office Use

MUSAC Enrol No. _____

Entered on ENROL ☐

NSN# _____

House: _____

Date ____ / ____ / ____

Filed into system by: _____

Class: _____ Room: _____

ENROLMENT FORM

Student's legal First name/s _____ **Legal Surname:** _____

Preferred First name _____ Preferred Surname: _____

Gender M/F Date of Birth ____ / ____ / ____

Date first started school ____ / ____ / ____ Date first attended this school ____ / ____ / ____

In Zone: Yes/No (Circle one) Verification: Bank statement, power/telephone account, other _____

Previous School Attended _____ or _____

Early Childhood Education (ECE)

Service/s attended: _____ Hours per week attended: _____
(Kindergarten, playcentre, playgroup, Kohanga Reo, Home-based service or did not attend any)

How many years did your child attend? _____

Any further information regarding ECE: _____

Siblings currently attending Fenwick School: _____

Other siblings likely to attend: _____ DOB ____ / ____ / ____
_____ DOB ____ / ____ / ____

Caregiver 1 Details: Father/Mother/Other _____ Living with: Yes/No

Name _____ Mr/Mrs/Miss/Ms
(Family Name) (First Name/s)

Address _____ Home Phone _____
_____ Work Phone _____
_____ Cellphone _____

Occupation _____ Family email _____

Place of work _____

Caregiver 2 Details: Father/Mother/Other _____ Living with: Yes/No

Name _____ Mr/Mrs/Miss/Ms
(Family Name) (First Name/s)

Address _____ Home Phone _____
_____ Work Phone _____
_____ Cellphone _____

Occupation _____ Email _____
(if different from above)

Place of Work _____

Caregiver 3 Details: Emergency contact

Name _____ Mr/Mrs/Miss/Ms
(Family Name) (First Name/s)

Home Phone _____ Work Phone _____ Relationship to student _____
(e.g. Grandparent/neighbour/friend)

Caregiver 4 Details: Emergency contact

Name _____ Mr/Mrs/Miss/Ms
(Family Name) (First Name/s)

Home Phone _____ Work Phone _____ Relationship to student _____
(e.g. Grandparent/neighbour/friend)

Medical Details: (List any medical problems and information the school should be aware of)

Doctor _____ Phone _____

In an emergency, the school may act of behalf. **Yes / No**
(Please circle)

School may administer pain relief. **Yes / No**
(Please circle)

Ethnicity: (Cultural identification with a particular ethnic group. Dual ethnicity may be selected)

NZ European / NZ Maori / _____

Iwi Affiliation: (up to 3) _____

Country of origin: NZ/ _____ **Language:** English/ _____

If recently from Overseas, the Date you arrived in NZ _____

Travel to School: Bus / Car / Bike / Walk / (other)

Any other information the school should be aware of:

I give permission for my child's work, photo and name to be published in our school newsletter (this will be uploaded to our school App/website), I also give permission for my child's work photo and name to be uploaded to our School Website or Facebook page. Yes ☐ No ☐

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. The records made from this information may be viewed on request at the school. I approve of the forwarding of 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 or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies

Signature of Parent / Caregiver _____ Date / /

IMPORTANT: For new entrant enrolments please bring to the school office:

Birth Certificate/Passport ☐ Immunisation Record ☐

For all enrolments please bring to the school office: Online Safety Agreement ☐

Verification of address (Tenancy/House Purchase Agreement or Rates Assessment) ☐



FENWICK PRIMARY SCHOOL
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Oamaru 9400
Telephone: (03)434 8209
Fax: (03)434 0952
Email: office@fenwick.school.nz

IN ZONE DECLARATION

The address given to Fenwick Primary School at the time of application for enrolment, must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address, but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

(A current proof of address will be required)

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, eg.,

- Renting accommodation in-zone on a short term basis
- Arranging temporary board in-zone with a relative or family friend
- Using the in-zone address of a relative or friend as an "address of convenience" with no intention to live there on an ongoing basis

If Fenwick Primary School learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board of Trustees may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board of Trustees may annul the enrolment. This course of action is provided for under Section 110A of the Education Act 1989.

Note: Under further direction from the Ministry of Education (as at 16 October 2017), new families living in-zone who then leave the zoned area may not be eligible for subsequent children to attend Fenwick Primary School.

IN ZONE DECLARATION

I, the Parent/Caregiver of _____ confirm that the address which I have provided to Fenwick Primary School on enrolment, will be the usual place of residence of the above named student/s, when the school is open for instruction. I will advise the school of any subsequent change of address.

Signed: _____ Date: _____
(Parent/Caregiver)