



COROMANDEL AREA SCHOOL

ENROLMENT FORM - YEAR 1-13

Enrol
Whanau

Photo
Bus

STUDENT DETAILS

Family name: _____
First names: _____
Known as (preferred name): _____
Address: _____
_____ Postcode: _____
Home Phone: _____ Cell Phone: _____
Nationality: _____ DOB: ____/____/____
Ethnic group(s): (1) _____
(2) _____
If New Zealand Maori: (plus Iwi region if known)
Iwi 1: _____
Iwi 2: _____
Iwi 3: _____
Main language spoken at home: _____
Other language(s) spoken at home: _____

Country of Citizenship: _____
Birth country: _____
Birth certificate: Yes No Passport: Yes No
Enrolment application date: ____/____/____
Form/Year level at entry to CAS: _____
Date of commencement: _____
Present/previous school: _____
Te Reo Māori: Has your child attended a kura kaupapa or partial immersion school? Yes No
Family presently attending CAS: Yes No
Name(s): _____
Connections with CAS, e.g. Mother, Father: Yes No

FAMILY DETAILS

MOTHER:
Family name (Mrs/Miss/Ms): _____
First names: _____
Address: _____
_____ Postcode: _____
Mailing Address: _____
Phone Home: _____ Work: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Place: _____
Child resides with me? Yes No
Is there a custody order? Yes No
If so, are you the custodial parent? Yes No

FATHER:
Family name (Mr): _____
First names: _____
Address: _____
_____ Postcode: _____
Mailing Address: _____
Phone Home: _____ Work: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Place: _____
Child resides with me? Yes No
Is there a custody order? Yes No
If so, are you the custodial parent? Yes No

SENSITIVE INFORMATION: Can you provide details of learning, or background needs, which will enable us to better provide for your child at Coromandel Area School:

EMERGENCY CONTACT (other than Mother or Father)

Name: _____ Relationship to student: _____
Phone Home: _____ Work: _____ Cell: _____

STUDENT INFORMATION

Health Information

Name of Doctor/Health Centre: _____
 _____ Ph: _____

Are there any health problems, disabilities, prescription medicines or an Epi-Pen requirement of which the school should be aware?

Has Student received vaccinations? Yes No

Can a Vaccination Cert. please be produced to the office?

If student not vaccinated, can a reason please be given?

Camps & EOTC Information

Can all sports be attempted? Yes No

May the student go to camp? Yes No

Is there a cultural or religious reason why the student cannot wear regulation uniform or be involved in any particular school activity or Assembly? Yes No

Permission to travel in school car or van Yes No

Permission to walk to local areas Yes No

Gifted and Talented

Has the student been involved with any gifted and talented programmes? Yes No

Area of special abilities? _____

Enrichment? (eg Future Problem Solving) Yes No

Acceleration? (eg sitting NCEA earlier) Yes No

Leadership? Yes No

Learning Support

Has the student been involved with any learning support programmes? Yes No

Literacy? Yes No

Numeracy? Yes No

Special Needs Funding? Yes No

Support with a Teacher Aide? Yes No

Is the student ORRS funded? Yes No

Year 11-13

Options: (1) _____ (2) _____ (3) _____
 (4) _____ (5) _____ (6) _____

I confirm that the above details are correct to the best of my knowledge. I have seen a copy of the school rules and agree that the child will be subject to them. I have seen a copy of the school's expectations for parents and will meet them to the best of my ability.

I understand that the information I have given or supplied by the present school may be used by Coromandel Area School for educational purposes.

I agree that if the student appears in a school photograph, it may / may not be used in official school publications/website.

CHECK LIST: BEFORE RETURNING THIS FORM PLEASE CHECK THE FOLLOWING:

• Birth Certificate/Passport attached • Proof of residence attached • Latest School Report attached
 (if applicable) (if applicable)

• Proof of NZ residency attached (if not born in New Zealand)

Signed: _____ / _____ /20____
 Mother/Caregiver Father/Caregiver

COMPLETE THIS SECTION ONLY IF STUDENT IS LIVING WITH A CAREGIVER

Full Name of Caregivers/Guardians (Mr/Mrs/Ms/Miss): _____

Address: _____ Postcode: _____

Relationship to student: _____

Occupation: _____ Place of Employment: _____

Telephone Home: _____ Work: _____

Mobile: _____ Email: _____

FOR STUDENTS WHO WERE NOT BORN IN N.Z.

Date of Arrival in NZ: _____/_____/_____

Passport No: _____

or Permanent Residence No: _____

or Residence Visa No: _____

All documentation copied Yes No

EARLY CHILDHOOD EDUCATION INFORMATION

This information is required at the request of the Ministry of Education.

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.
- 4.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School - Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

OFFICE USE ONLY

Date of Enrolment Interview: Interviewed By:
 Enrolment Approved (Principal): Date:

