Island Bay School Enrolment Form



Family name			Date	e of birth		/	/	Year Level	
First names			Enti	ry date				Room	
Child's address									
The following documents need t	o be sighted an	d photocopied by the	e school	:					
Birth certificate Number				Passport Nu (if child was not bo					
Student Visa Number (if child was not born in NZ)				Residency No (if child was not bo					
Proof of address (e.g. bank statement/utility bill)				Immunisatio record	n				
Ethnic group(s)									
Pākeha/NZ European	Yes / No								
Māori	Yes / No	lwi:							
Pasifika	Yes / No	Please specify:							
Asian	Yes / No	Please specify:							
Language(s) spoken in the hom	ne								
First language		Second Langua	ige			-	Γhird Languaς	ge	
Background (This information is	gathered for fu	nding purposes.) <i>Ple</i>	ase circ	le:					
NZ Born			Immig	rant				Refugee	
If my child was born in another o	country								
Country of birth				Date	arrived i	n NZ			
We would like to have an introc person/interpreter: Please circ		with our support			Yes			No	
<u>Privacy Statement:</u> The information collected v request at the School. The information collected the Privacy Act. It will not be disclosed to any ot	d may be disclosed to ap	propriate education, health and	l welfare aut	horities and for data					
Parent Approvals I agree: (1) to abide by the school's policies,									Please tick
(2) that the school will take action on my behal	If in case of sudden illne	ess or injury,							
(3) that the school may forward my child's nan	ne and address to a pote	ential intermediate or secondar	ry school.						
(4) that my child's work and image may be use	ed:								
(a) on class/hub Seesaw Journal									
(b) on school social media, e.g. the school w	vebsite, school facebook	page – this includes live-strea	ming of sch	nool assemblies/ perf	ormances				
(c) in the school newsletter									
(5) I give permission for my child to participate	e in local community ex	cursions within a 5km radius o	f the school						
(6) I am happy for you to share my email addre	ess with Home & School								
Signed									

Office Use Only Linc-Ed number NSN Number

Contact Information 1



Family name					
Siblings	Date of birth		Please tick th	e column that appl	ies
Sibilitys	Date of birtin	Previously at IBS	Currently at IBS	Will come to	o IBS Name preschool
Parent/Caregiver 1 (First point of co	antaat: Firat aantaat num	hor will roopiya ooh	aal tayta)		
Name	ontact, First Contact Hum		Relationship to child	1	
Address			PLEAS	SE PROVIDE PROOF OF ADDR	ESS, E.G. BANK STATEMENT/ UTILITY BILL
Email					
Home Phone			Mobile number		
Occupation					
Parent/Caregiver 2					
Name		R	Relationship to child		
Address (if different)					
Email					
Home Phone			Mobile number		
Occupation					
Child lives with: Please circle					
Both parents/caregivers	Caregiver	Father		Mother	Shared care
Add details if needed					

Contact Information 2



Emergency Contac Emergency Contac		native contacts, other than p	arents, in case of injury/ill	ness/earthquake etc.
Name			Relationship to child	
Address				
Email				
Home Phone			Mobile number	
Emergency Contac	ct 2			
Name			Relationship to child	
Address				
Email				
Home Phone			Mobile number	
I give permission	for our emergency contact	s to pick up my child in an e	mergency, and to look af	ter them in their homes.
Parent/Caregiver	's name			
Signed				
If details of your e	mergency contacts change,	please always notify the sch	ool.	
Prior/Early childho		your child has had in the six	months prior to attending	g school:
ı	Kohanga reo	Playc	entre	Kindergarten OR Education and Care Centre
Hom	ne based service	Playg	roup	Correspondence School
	did your child spend in Ear is used for funding purposes			
If transferring fron	n another school or country			
Name of school				
Contact/Email a	ddress			

Medical Information



Medication is only given at the school with parent permission; medication is held at the school office or in the child's classroom/hub, according to the medical plan. If medication is required, please bring the medication to the office and complete the permission form.

My child is immunised: Please circle		Yes	No
Please bring your child's immunisation records to school office so that the office can make a copy for their records.			
Allergies Please list		Medication required	d
Treatment			
Medical condition(s)			
Treatment Medication Notes			
I would like to meet with the Learnin medical needs and/or create a medi	g Support Coordinator to discuss o cal action plan: <i>Please circle</i>	our child's	Yes