



# Beckenham Te Kura o Pūroto

## Student Enrolment form

[www.beckenham.school.nz](http://www.beckenham.school.nz)  
[office@beckenham.school.nz](mailto:office@beckenham.school.nz)

71 Sandwich Road, Beckenham, Christchurch 8023

|  |   |  |  |
|--|---|--|--|
| <b>PUPIL</b>                           | LEGAL SURNAME:  | COUNTRY OF BIRTH:  |  |
|  | PREFERRED SURNAME:  | DATE OF ENTRY TO NZ <i>(if not born in NZ):</i>  |  |
|  | LEGAL FIRST NAME(S):  | CITIZENSHIP/RESIDENCY STATUS:  |  |
|  | PREFERRED FIRST NAME:   | <i>(Please provide copy of birth certificate or passport)</i>                              |  |
|  | GENDER:   | LANGUAGE(S) SPOKEN AT HOME:  |  |
|  | DATE OF BIRTH:  | PARENT 1's ETHNICITY:  |  |
|  | PLACE IN FAMILY: _____ of _____   | PARENT 2's ETHNICITY:  |  |
|  | ELDEST CHILD AT THIS SCHOOL:  | CHILD'S ETHNICITY <i>(You may identify with up to 3 ethnicities)</i>                       |  |
|  | HOME ADDRESS:   | NZ Maori<br>NZ European/Pakeha<br>Tokelauan<br>Fijian<br>Niuean<br>Tongan<br>Cook Is Maori | Samoan<br>Other Pacific Is<br>South East Asian<br>Indian<br>Chinese<br>Other Asian (e.g. Japanese, Korean)<br>Other (e.g. African, South American) |
|  | <i>Street:</i>  |  |  |
|  | <i>Suburb:</i>  |  |  |
|  | IN ZONE: _____ YES / NO   |  |  |
|  | HOME PHONE:   |  |  |
|  | PREVIOUS SCHOOL/CENTRE:   |  |  |
|  | CURRENT YEAR LEVEL:   |  |  |
| SIBLINGS LIKELY TO ENROL AT BECKENHAM: | Iwi: _____  | Iwi: _____   | Iwi: _____   |
| NAME:                                  | D.O.B:  |  |  |
| NAME:                                  | D.O.B:  |  |  |
| <b>PARENTS / CAREGIVERS</b>            | CAREGIVER 1 (this will be used as emergency contact 1)  |  | CAREGIVER 2 (this will be used as emergency contact 2)   |
|  | FIRST NAME:   | FIRST NAME:  |  |
|  | SURNAME:  | SURNAME:   |  |
|  | RELATIONSHIP TO CHILD:  | RELATIONSHIP TO CHILD:   |  |
|  | HOME ADDRESS:   | HOME ADDRESS:  |  |
|  | HOME PHONE:   | HOME PHONE:  |  |
|  | MOBILE PHONE:   | MOBILE PHONE:  |  |
|  | EMAIL:  | EMAIL:   |  |
|  | OCCUPATION:   | OCCUPATION:  |  |
|  | PLACE OF WORK:  | PLACE OF WORK:   |  |
|  | WORK PHONE:   | WORK PHONE:  |  |
| LIVES WITH CHILD?                      | LIVES WITH CHILD?   |  |  |
| <b>CONTACTS</b>                        | EMERGENCY CONTACT 3:  |  | EMERGENCY CONTACT 4:   |
|  | FULL NAME:  |  | FULL NAME:   |
|  | RELATIONSHIP TO CHILD:  |  | RELATIONSHIP TO CHILD:   |
|  | PHONE:  |  | PHONE:   |
|  | MOBILE:   |  | MOBILE:  |
| <b>CUSTODY</b>                         | CUSTODY / ACCESS – <i>If relevant, please note any custody / access arrangements or issues below:</i> |  |  |
|  | Court Order issued? Yes/No  |  |  |

|  |  |                   |                   |                   |
|--|--|-------------------|-------------------|-------------------|
| <b>EARLY CHILDHOOD EDUCATION</b>                 | <b>WAS E.C.E. REGULARLY ATTENDED?</b>  |                   |                   |                   |
|  | <input type="checkbox"/> Yes, for the last ..... Year/s<br><input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule<br><input type="checkbox"/> No, did not attend ECE |                   |                   |                   |
|  | <b>Did your child attend an ECE service in the 6 months prior to starting school?</b>  |                   |                   |                   |
|  | <i>Please enter the number of hours a week for up to 3 services (a-f) or tick the appropriate box (g-j)</i>  |                   |                   |                   |
|  | a) Kohanga Reo   | ECE 1<br>(hrs/wk) | ECE 2<br>(hrs/wk) | ECE 3<br>(hrs/wk) |
|  | b) Playcentre  |                   |                   |                   |
|  | c) Kindergarten or Education and Care Centre   |                   |                   |                   |
|  | d) Home-Based Service  |                   |                   |                   |
|  | e) Playgroup   |                   |                   |                   |
|  | f) Correspondence School – Te Aho o Te Kura Pounamu  |                   |                   |                   |
|  | 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        |  |                   |                   |                   |

|   |  |  |  |
|---|--|--|--|
| <b>HEALTH, LEARNING &amp; BEHAVIOUR</b> | Please provide a copy of your child's Immunisation Certificate (5yr olds only) |  | <b>Learning / Behavioural Needs:</b>                                     |
|   | Has your child had a B4 School Check? YES / NO                                 |  |  |
|   | B4 School Health/Developmental/Behavioural?                                    |  |  |
|   | Vision/Hearing Concerns? YES / NO  |  | <b>Specialist Needs / Resourcing / Other Agencies:</b>                   |
|   | I consent to my child's hearing/vision being tested YES / NO                   |  |  |
|   | Allergies/Medication:  |  |  |
|   | Speech:  |  | <b>Health Issues / Other information: (attach information as needed)</b> |
|   | Family Dr & Practice:  |  |  |

|                             |   |  |
|-----------------------------|---|--|
| <b>PROMOTIONAL MATERIAL</b> | We regularly display student work and photographs on our school website, in the newsletter and in other online and print environments (without labelling the photographs with the student's name). From time to time members of the media may visit and take images and/or other material which may be used in the wider media. This may include: <ul style="list-style-type: none"> <li>• Photographs or videos selected by the school for use in publicity and promotional material including newsletters and web.</li> <li>• Being selected by the media as a part of items shown either in print / radio or electronic (such as TV/Web based) mediums.</li> </ul> |  |
|                             | I agree that my child's work and image may be published by the school as detailed above: YES / NO   |  |

|                     |  |  |
|---------------------|--|--|
| <b>TRIP CONSENT</b> | From time to time, groups of children (classes, teams, special interest groups) leave the school for a planned excursion. You will always be informed of these trips prior to them happening. For day trips, that do not involve 'high risk activities', we ask for your general consent now, rather than having to request a consent for each trip. |  |
|                     | I agree that my child can participate in day excursions as part of the school programme, as detailed above: YES / NO   |  |

|  |  |  |
|--|--|--|
| <b>STUDENT ACCOUNT</b>   | <b>Automatic Payment to cover school fees:</b>   |  |
|  | The school offers an automatic payment option which assists in spreading the cost of school trips, camps, school donations and other activities. A fortnightly contribution of \$10 for Year 0 to 4 students and of \$20 for Year 5 to 8 students would be required to cover school based activities. This money is then recorded against the student financial record. A statement of account is provided periodically or on request. |  |
| <b>Bank Account details:</b> Beckenham Te Kura O Pūroto, 12-3148-0131641-00, Reference: Student Name |  |  |

|                             |   |       |
|-----------------------------|---|-------|
| <b>PRIVACY APPROVAL</b>     | <b>Privacy Statement:</b>   |       |
|                             | <i>The information collected will be used by the school for enrolment, and forms an essential part of the of 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 New Zealand Ministry of Education, in accordance with the principals of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.</i> |       |
|                             | <b>I agree:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> that the school will take action on my behalf in case of sudden illness or injury</li> <li><input type="checkbox"/> to abide by the school's policies</li> <li><input type="checkbox"/> that the school may forward my child's name and address to a potential secondary school</li> </ul>  |       |
|                             | <b>I have provided the originals for copying of:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> immunisation status</li> <li><input type="checkbox"/> date of birth</li> <li><input type="checkbox"/> proof of residence, e.g utility bill, rental agreement</li> <li><input type="checkbox"/> proof of visa status if applicable</li> </ul>   |       |
| Parent/Caregiver Signature: |   | Date: |