

GREEN BAY PRIMARY & INTERMEDIATE SCHOOL

131 Godley Road, Green Bay, Auckland 0604

Telephone: 09 8176666 Email: admin@greenbay.school.nz

IN ZONE ENROLMENT FORM

Office Use Only:

M / F

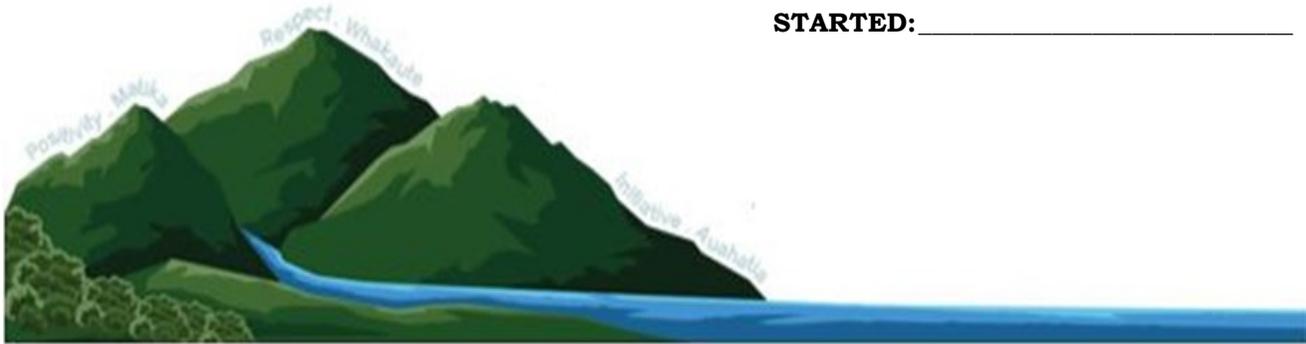
NAME: _____

DOB: _____

YEAR: _____

HOUSE: _____

STARTED: _____



Green Bay School is situated on the fringe of The Waitakere Ranges. This environment is representative of our School Values with three mountains symbolising our School Expectations:

RESPECT
Whakaute

POSITIVITY
Matika

INITIATIVE
Auahatia

All students are expected to seize opportunities and learn harmoniously with others.

Mauri tu mauri ora, the active life invokes life!

Checklist for New Entrants Only (5 years old) - (NZ Citizens)

- School Zone In: Proof of Address / Birth certificate and/or Passport / Wellbeing Book (immunisations)
- School Zone Out: Birth certificate and/or Passport / Wellbeing Book (immunisations)

Checklist for All Other Enrolments (Year 2 - Year 8 Students) - (NZ Citizens and non NZ Citizens)

- New Enrolments: As above for your school zone PLUS Latest school report
- NZ Residents: As above for your school zone PLUS Passports with Visas (student and parents), latest school report
- Domestic Time Bound: As above for your school zone PLUS Passports with Visas (student and parents) showing stamped NZ entry date

Office Use Only: *Is ESOL required*

Checklist for International Enrolments - (International Office: veronicaz@greenbay.school.nz)

- International: International Enrolment Form/s; Agreement to Provide Tuition, Fees & Refund Policy, Proof of Insurance, Fees paid in full, Passports with Visas (student and parents), Copy of current school report (in English), Confirmation of immunisations (in English), Domestic enrolment form completed

Office Use Only: *Is ESOL required*

GREEN BAY SCHOOL - Pupil Enrolment Form

Enrolling for _____ school year as a Year _____ student We live **IN ZONE** - **Proof of Address:** _____

Sibling: _____

STUDENT PROFILE

LEGAL SURNAME: _____ PREFERRED SURNAME: _____

LEGAL FIRST NAME(S): _____ PREFERRED FIRST NAME: _____

CURRENT YEAR LEVEL: _____ MALE / FEMALE DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ PREVIOUS SCHOOL: _____

ETHNICITY 1: _____ ETHNICITY 2: _____ ETHNICITY 3: _____

IWI #1: _____ IWI #2: _____ IWI #3: _____

FIRST LANGUAGE: _____ HOME LANGUAGE: _____

Residency/Citizenship? YES / NO If NO, date of NZ entry: _____ Country of Birth: _____

PARENT / CAREGIVER PROFILE

CAREGIVER 1 (First contact):

RELATIONSHIP TO PUPIL: _____

TITLE: _____ LEGAL SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

POSTCODE: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE: _____

OCCUPATION: _____ WORK PHONE: _____

CAREGIVER 2 (Second contact):

RELATIONSHIP TO PUPIL: _____

TITLE: _____ LEGAL SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

POSTCODE: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE: _____

OCCUPATION: _____ WORK PHONE: _____

EMERGENCY CONTACT: 1) _____
(Name, contact number and relationship to pupil)

EMERGENCY CONTACT: 2) _____
(Name, contact number and relationship to pupil)

ADDITIONAL APPLICABLE INFORMATION

If **YES** to any of the below, please provide documents for our information.

Learning Behaviour Needs: _____

Health Issues / Requirements: _____

Court Orders: YES / NO If **YES**, please bring these Court documents along with you at time of enrolment acceptance.

ECE (Kindergarten or Private Daycare): Hours per week _____ Years attended ECE: _____

Parent/Caregiver approval: Signed: _____ **Dated:** _____

Green Bay School Policies:

Our school policies are reviewed over a three year period. As part of a review, we encourage you to contribute with feedback, please go to the schooldocs website below and follow the steps to locate the policy being reviewed.

To locate Green Bay School policies on-line, please visit www.schooldocs.co.nz
Search: Green Bay School User Name: greenbay Password: greenbay

Policies: Please read the following school policies carefully and sign where required.

◆ **Privacy Act Consent Form:**

The information collected will be used by the school for enrolment purposes. The records made from this information may be viewed on request by yourself 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 authorised or required by law.

Privacy Act Parental Consent:

I agree to abide by the school's policies, that my child's image and work may be used in accordance with the school's on-line publishing policy/procedures (**schooldocs**); in the school newsletter, in the school year book, in classroom photos, in classroom blogs, during EOTC events and any outside media requirements i.e. Regional and National competitions.

Signature: _____ **Name:** _____

◆ **EOTC (Education Outside the Classroom) Blanket Consent Form:**

The Ministry of Education guidelines identify four EOTC activity types that recommend a blanket parent/caregiver consent at the time of enrolment.

Low Risk:

- On-site in the school grounds i.e. physical fitness, sports, games
- Off-site events i.e. patrols, walking a short/long distance within Green Bay to local activities i.e. parks/reserves, church/community events
- Off-site events finishing after 2.55pm i.e. sports training, jump jam practices, performing arts practices

High Risk:

- On-site school pool; teaching of water survival and swimming lessons
- Off-site residential overnight events i.e. camp (separate consent forms will also be required at the time)

EOTC Blanket Parental Consent:

Signature: _____ **Name:** _____

◆ **Digital Technologies Responsible Use Agreements:**

Parent form to be signed for every family **PLUS a Year 4-8 student** form to be signed by student (**and** parent to co-sign).
Please download, read and complete these forms as required, or alternatively ask at the School office for these forms.

Digital Technologies Parental Consent:

Signature: _____ **Name:** _____

◆ **Kickstart Breakfast In Schools Consent Form:**

Green Bay School participates in the Kickstart Breakfast in Schools Programme. This means we provide Weet-bix (Sanitarium) and Anchor Lite UHT milk (Fonterra) to our students who choose to partake in breakfast (daily) in the Tech Room.

YES, my child can participate

NO, I do not wish my child to participate due to dairy intolerance **Or** allergy **Or** my child does not like milk

Kickstart Breakfast In Schools Parental Consent:

Signature: _____ **Name:** _____

◆ **Learning Behaviour Needs and/or Specialist Needs/Resourcing/Agencies:**

We would like to meet the individual needs of your child by providing the best possible learning opportunities. Please provide as much information on any needs you may have for your child.

◆ **Other Information/requests:**

a) Do you have **Court Documents** in place? Please provide your Court documents at the time of enrolment. We make every effort to assist all families in this regard, but cannot do so without these documents on file.

b) Has your child been identified as **Gifted and Talented**? If so, by whom? Please share these talents with us:

c) Are there any **Skills** or areas of interest that you, as a parent, may be willing to volunteer or share with our school?

◆ **Vision and Hearing Testing:**

I/we consent to my child's vision and hearing being tested at Green Bay School. YES NO

Signature: _____ **Name:** _____

◆ **Immunisations:**

Fully immunised 0-4 years old: YES NO

If **NO**, please advise reason: _____

Fully immunised 11-12 years old (Year 7): Boostrix; Tetanus, Diphtheria, Pertussis YES NO

Fully immunised 11-12 years old (Year 8): HPV-1 and HPV-2 (6 months apart) YES NO

Waitemata District Health Board Nurses will visit Intermediate students during the school year to provide information on their vaccination programme. Consent forms will be sent home for parents/caregivers to sign in order that Boostrix and HPV-1&2 may be given at School.

Signature: _____ **Name:** _____

Green Bay School Enrolment Parental Consent:

I/we confirm I/we have read and understood the above Green Bay School policies and agree to abide and support Green Bay School in the education of my/our child/children. If I/we have any concerns, I/we agree to follow the correct procedure and make an appointment to speak with the teacher/staff member concerned in the first instance or contact the school office for any assistance.

Signature: _____ **Name:** _____

Checklist for Office Use Only:

STUDENT NAME: _____ **DATE OF BIRTH:** _____

ACCEPTED: YES / NO _____ **VISIT DATES:** _____

START DATE: _____ **ESOL:** _____

CLASSROOM: _____ **TEACHER:** _____

YEAR: _____ **HOUSE:** _____

NSN: _____ **SCHOOL GOOGLE ACCOUNT:** _____