



OXFORD AREA SCHOOL YEARS 7 - 13 ENROLMENT FORM

It is understood that the information obtained on this form is being sought to help in the overall education of your child, and for forward planning of the school. The information given will remain confidential to the following:
Principal and Staff Ministry of Education Public Health Nurse School Dental Nurse
Forwarding School (if changing schools) Special Education Service & Relevant Institutions who promote the advancement of the Student's Education and Well-being.

STUDENT DETAILS

FAMILY NAME:

FIRST NAMES:

PREFERRED NAME:

Date of Admission:

Date of Birth:

Gender: Male ☐ Female ☐

Year/level at last school:

Name of Previous School:

Country of Birth:

Ethnicity:

If Maori, please specify Iwi:

Language/s Spoken at Home:

International Students and students arriving from overseas who have not previously been enrolled in a NZ School:

New Zealand Residency verification /Student Visa attached: Yes ☐ No ☐

Copy of Birth Certificate or Passport Attached: Yes ☐ No ☐

Administration Use Only

Enrolment No:

Year Placement at OAS

Form Class/Room

House

NSN #

Internet Agreement Signed ☐

ENROL Updated ☐

PARENTS/CAREGIVERS [living with student] INFORMATION

Caregiver 1.

Title: Name: Relationship to student:

Address:

Contact Phone Numbers: Home Work: Cell:

Email Address:

Caregiver 2.

Title: Name: Relationship to student:

Address:

Contact Phone Numbers: Home Work: Cell:

Email Address:

NAME OF OTHER PARENT NOT living with student: (where applicable) for BOT voting purposes and address if known:

EMERGENCY CONTACTS (In the event that parents are unable to be contacted eg. relative, friend, neighbour.
NB. Please ensure at least one contact is a person who lives/works locally)

1. Name		2. Name	
Relationship		Relationship	
Phone No		Phone No	
Cell Phone		Cell Phone	

SIBLING INFORMATION

Brothers/Sisters attending Oxford Area School ↗

Name:

Name:

Name:

Brothers/Sisters likely to be attending OAS in the future ↗

Name: D.O.B: / /

Name: D.O.B: / /

Name: D.O.B: / /

MEDICAL INFORMATION

Allergies:

Medication:

Sight:

Speech:

Hearing:

Doctor:

Other Problems/Concerns that the school should know about:

SUBJECTS/OPTIONS TO BE STUDIED (Year 9 and above)

1. 3. 5.

2. 4. 6.

OTHER DETAILS

Transport to school:

Sports/hobbies/cultural interests:

Learning & Behaviour Special needs:

Parent comment:

PERMISSION FORM AND DECLARATION

Emergency ~ I give consent for the school to act on my behalf in the case of an emergency.

Yes ☐ No ☐

Paracetamol ~ Some students ask for Paracetamol to treat various ailments. Do you grant permission for Paracetamol to be administered if required?

Yes ☐ No ☐

Dental Care [Years 7 & 8] I/we give consent for my student to be enrolled in the School Dental Programme and for their past dental records being obtained from the previous Dental Clinic.

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 the forwarding of information when my student transfers to another school.*
- I/we agree to abide by the Oxford Area School policies as set by the Board of Trustees.*
- I/we agree to abide by the rules and regulations set down in the School Prospectus, and altered or added to in official school notices.*

Signature of Parent/Guardian:

Date: / /

Signature of Pupil:

Date: / /

OFFICE: Copies to...

Dean ☐

Class Teacher ☐

Records Requested ☐