

OXFORD AREA SCHOOL ENROLMENT FORM YEARS 7 - 13



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: <input style="width: 95%;" type="text"/>	Date of Admission: <input style="width: 80%;" type="text" value="/ /"/>
FIRST NAMES: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 80%;" type="text" value="/ /"/>
PREFERRED NAME: <input style="width: 95%;" type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Previous School: <input style="width: 95%;" type="text"/>	Year/level at last school: <input style="width: 80%;" type="text"/>
Country of Birth: <input style="width: 95%;" type="text"/>	<b style="text-align: center;">Administration Use Only Enrolment No: <input style="width: 80%;" type="text"/> Year Placement at OAS <input style="width: 80%;" type="text"/> Form/Room at OAS <input style="width: 80%;" type="text"/> Photo Taken <input type="checkbox"/> Internet Agreement Signed <input type="checkbox"/>
Ethnicity: <input style="width: 95%;" type="text"/>	
If Maori, please specify Iwi: <input style="width: 95%;" type="text"/>	
Language Spoken at Home: <input style="width: 95%;" type="text"/>	
New Zealand Residency verification attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of Birth Certificate or Passport Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	

PARENTS/CAREGIVERS [living with student] INFORMATION

Caregiver 1.

Name: <input style="width: 95%;" type="text"/>	Relationship to student: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Occupation: <input style="width: 95%;" type="text"/>
Contact Phone Numbers:	
Home: <input style="width: 95%;" type="text"/>	Work: <input style="width: 95%;" type="text"/>
Cell: <input style="width: 95%;" type="text"/>	
Email Address: <input style="width: 95%;" type="text"/>	

Caregiver 2.

Name: <input style="width: 95%;" type="text"/>	Relationship to student: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Occupation: <input style="width: 95%;" type="text"/>
Contact Phone Numbers:	
Home: <input style="width: 95%;" type="text"/>	Work: <input style="width: 95%;" type="text"/>
Cell: <input style="width: 95%;" type="text"/>	
Email Address: <input style="width: 95%;" type="text"/>	

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

Address if known:

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

1. Name: <input style="width: 95%;" type="text"/>	2. Name: <input style="width: 95%;" type="text"/>
Relationship: <input style="width: 95%;" type="text"/>	Relationship: <input style="width: 95%;" type="text"/>
Phone No: <input style="width: 95%;" type="text"/>	Phone No: <input style="width: 95%;" type="text"/>
Cell Phone: <input style="width: 95%;" type="text"/>	Cell Phone: <input style="width: 95%;" type="text"/>

SIBLING INFORMATION

Brothers/Sisters attending Oxford Area School ↗

Name:	
Name:	
Name:	

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

Name:		D.O.B:	
Name:		D.O.B:	
Name:		D.O.B:	

MEDICAL INFORMATION

Allergies:		Other Problems/Concerns that the school should know about:
Medication:		
Sight:		
Speech:		
Hearing:		
Doctor:		

SUBJECTS/OPTIONS TO BE STUDIED (Year 10 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 Library Bus Controller ITC
Records Requested ENROL

