



OXFORD AREA SCHOOL ENROLMENT FORM YEARS 1 - 6

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 and Relevant Institutions who promote the advancement of the Student's Education and Well-being.

STUDENT DETAILS

FAMILY NAME:

FIRST NAMES:

PREFERRED NAME:

Name of Previous School or Pre-School attended:

Date of Admission:

Date of Birth:

Gender: Male Female

Year/level at last school:

Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school.

- Kohanga Reo
- Play Centre
- Kindergarten or Education and Care Centre
- Home based service
- Play group
- Correspondence School (Te Aho o Te Kura Pounamu)
- Attended but only outside New Zealand
- Attended but don't know what type of service
- Did not attend
- Unable to establish if attended or not

How many hours per week did your child attend this service?

Did your child regularly attend Early Childhood Education?

- Yes, for the last 6 months
- Yes, for the last year
- Yes, for the last 2 years
- Yes, for the last 3 years
- Yes, for the last 4 years
- Yes, for the last 5 or more years
- Not regularly, only occasionally with no on-going schedule

Administration Use Only

Enrolment No:

Year Placement at OAS

Form/Room at OAS

House

NZ Residency/Visa verification attached (Overseas students)

Internet Agreement Signed

Photo Taken

New Entrants Only

Copy of Birth Certificate or Passport attached

Immunisation Certificate sighted

Healthy at Five card completed

Ethnicity:

If Maori, please specify Iwi:

Language Spoken at Home:

PARENTS/CAREGIVERS [living with student] INFORMATION

Caregiver 1 Name:

Relationship to student:

Address:

Occupation:

Home Phone:

Work:

Cell:

Email Address:

Caregiver 2 Name:

Relationship to student:

Address:

Occupation:

Home Phone:

Work:

Cell:

Email Address:

NAME OF PARENT NOT living with student (where applicable) and address if known for Board of Trustees voting purposes:

EMERGENCY CONTACTS

(In the occasion that parents are unable to be contacted eg. relative, friend, neighbour.

NB. please ensure 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 here in the future ↗

Name: D.O.B:

Name: D.O.B:

Name: D.O.B:

MEDICAL INFORMATION

Allergies:	<input type="text"/>	Other Problems/Concerns that the school should know about:
Medication:	<input type="text"/>	
Sight:	<input type="text"/>	
Speech:	<input type="text"/>	
Hearing:	<input type="text"/>	
Doctor:	<input type="text"/>	

OTHER DETAILS

Transport to school:	<input type="text"/>
Sports/hobbies/cultural interests:	<input type="text"/>
Learning & Behaviour Special needs:	<input type="text"/>
Parent comment:	<input type="text"/>

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 children ask for Paracetamol to treat various ailments. Do you grant permission for Paracetamol to be administered to your child if required? Yes No

Dental Care ~ I/we give consent for my child to be enrolled in the School Dental Programme and for their past dental records being obtained from the previous Dental Clinic. Yes No

Milk in Schools ~ I/we given consent for my child to drink milk as part of Milk in Schools Yes No

Bible In Schools ~ I/we give consent for my child to attend Bible in Schools. Yes No

- *In terms of the privacy act, I understand that the information on this form is collected as 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 child 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 UPDATED