

ENROLMENT FORM

(Please tick appropriate box)

GENERAL COMMENTS: (English language, custodial arrangements, behavioural, **food restrictions**)

Custody Issues - A copy of the court papers must be provided within 7 days of enrolment

FAMILY DOCTOR: Name: _____ Phone: _____

ALLERGIES / ASTHMA: _____

OTHER MEDICAL/HEALTH CONCERNS: _____

PARENT/CAREGIVER UNDERTAKING

Please tick

- | | |
|--|--------------------------|
| (1) I will support the school by ensuring that my child will be on time and wear the full Marlborough School uniform (clearly named) | <input type="checkbox"/> |
| (2) If my child intentionally damages school property I will endeavour to make some form of restitution. | <input type="checkbox"/> |
| (3) I understand that the personal and educational data collected relating to my child will be stored and used as defined in the Privacy Act 1993 and will be forwarded to the next school my child attends. | <input type="checkbox"/> |
| (4) I give authority to the Principal to act on my behalf in any medical/health and safety emergency. | <input type="checkbox"/> |
| (5) I give permission for my child to attend all school approved educational visits and trips made by charter/private car transport. (see # 10) | <input type="checkbox"/> |
| (6) I agree to abide by all Marlborough Primary School Board of Trustees policies. | <input type="checkbox"/> |
| (7) I give permission for my child's photo to be used to promote the school. eg. School prospectus, newsletter, newspaper article | <input type="checkbox"/> |
| (8) I will advise the school office of any change of address or contact telephone numbers.
I will also advise the school office in the event of any custody changes that may affect access to my child. | <input type="checkbox"/> |
| (9) I accept the terms and conditions of the Student Computer and Internet Use Agreement
I have read and signed the Online Publication of Student Images Policy related to our website | <input type="checkbox"/> |
| (10) I understand that full payment of the Annual Donation/Contribution covers the cost of all in-school performances, class trips and Life Education (excludes Year 5/6 camp) | <input type="checkbox"/> |
| (11) In the event of my child having a fever or mild pain at school, I give permission for paracetamol to be administered
By the Office Staff until I/we can collect him/her. | <input type="checkbox"/> |

Parent / Caregiver Name: _____

Signature: _____

Date:

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Early Childhood Attendance Information

Early Childhood Education (6 months prior to starting school only)

Please complete the information below.

1. If your child was **attending more than one service at the same time**, enter hours per week **for up to 3 services**.
2. If your child **attended one service but changed to a different service within 6 months prior to starting school**, complete the table for the **LAST SERVICE ONLY** (not both)
3. If attendance hours varied or you are unsure, enter an approximate number of hours per week.

Please enter number of hours per week for up to 3 services	1	2	3
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten OR Education and Care Centre			
d. Home-based Service			
e. Playgroup			
f. The 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			

DID YOUR CHILD REGULARLY ATTEND EARLY CHILDHOOD EDUCATION?

'Regularly attend' means your child was booked in to a service for sessions each week/fortnight and generally attended unless they were sick, or on holiday, or had a family occasion.

Please tick (✓) one of the following:

Yes, for the last ____ years		Not regularly, only occasionally with on-going schedule		No, did not attend ECE	
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