



# BELL BLOCK SCHOOL STUDENT ENROLMENT FORM

31 Bell Block Court, Bell Block, New Plymouth, 4312  
Ph: (06) 755 0838 E: office@bellblock.school.nz

\*In Zone / Out of Zone Enrolment (\*delete as necessary)

OFFICE USE ONLY					
START DATE	dd / mm / yy	YEAR LEVEL		IMMUNISATION CERTIFICATE	
FIRST SCHOOLING DATE		ROOM #		BIRTH CERTIFICATE / PASSPORT #	
STUDENT ENROLMENT #		WHĀNAU		VISA # & EXPIRY DATE	
NATIONAL STUDENT NUMBER		CUSTODY		PROOF OF ADDRESS	
ENROL		@SCHOOL		ELL	

STUDENT DETAILS					
LEGAL SURNAME		PREFERRED SURNAME			
FIRST NAMES		PREFERRED FIRST NAME (Known By)			
DATE OF BIRTH	dd / mm / yy	GENDER (please circle)		MALE / FEMALE/ ANOTHER GENDER	
COUNTRY OF BIRTH		RESIDENCY/CITIZENSHIP?		YES / NO	
DATE OF NZ ENTRY (If Applicable)	dd / mm / yy	(if no, enter details)			
FIRST LANGUAGE		We operate an Early Notification system if your child is absent. Please enter the mobile number the notification is to be sent to.			
OTHER LANGUAGES					

ETHNIC GROUPS					
Please choose up to 3 Ethnic Groups	<input type="checkbox"/> NZ European / Pakeha <input type="checkbox"/> NZ Maori <input type="checkbox"/> _____ <input type="checkbox"/> _____	If NZ Maori, please include iwi	1.	2.	3.

PREVIOUS SCHOOLING (including early childhood education)					
STUDENT IS TRANSFERRING FROM:		YEAR LEVEL			
WAS ECE REGULARLY ATTENDED?	<input type="checkbox"/> Yes, for the last _____ years	<input type="checkbox"/> Not regularly, only occasionally			
APPROXIMATE NUMBER OF HOURS PER WEEK					
PLEASE INDICATE WHICH EARLY CHILDHOOD CENTRE THIS STUDENT ATTENDED		<input type="checkbox"/> Kohanga Reo Service <input type="checkbox"/> Playcentre <input type="checkbox"/> Attended, but outside New Zealand	<input type="checkbox"/> Home Based <input type="checkbox"/> Kindy or ECE		
<input type="checkbox"/> Did not attend any service					

## PARENT / CAREGIVER DETAILS

CAREGIVER 1	<input type="checkbox"/> <b>LIVES WITH STUDENT: YES / NO</b>		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO STUDENT
RESIDENTIAL ADDRESS			
POSTAL ADDRESS (if different from above)			
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION
EMAIL ADDRESS:			

CAREGIVER 2	<input type="checkbox"/> <b>LIVES WITH STUDENT YES: / NO</b>		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO STUDENT
RESIDENTIAL ADDRESS			
POSTAL ADDRESS (if different from above)			
HOME PHONE #	WORK PHONE #	MOBILE #	OCCUPATION
EMAIL ADDRESS:			

<b>EMERGENCY CONTACT</b>	Other than parents		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO STUDENT
HOME PHONE #	WORK PHONE #	MOBILE #	

<b>EMERGENCY CONTACT</b>	Other than parents		
TITLE	FIRST NAME/S	SURNAME	RELATIONSHIP TO STUDENT
HOME PHONE #	WORK PHONE #	MOBILE #	

## CUSTODY ACCESS

COURT ORDER ISSUED?	<input type="checkbox"/> YES N/A	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> DOCUMENTS ATTACHED
EXTRA COPY OF SCHOOL REPORT	To:		Address:	

## DETAILS OF PRE SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

NAME:		BIRTH DATE:	
NAME:		BIRTH DATE:	

Please note: a separate enrolment form will need to be completed for ALL children. If any siblings of this student are living outside of the school home zone when they enrol, they must be enrolled as an out of zone student.

## DETAILS OF SIBLINGS ALREADY ATTENDING THIS SCHOOL

NAME:		BIRTH DATE:	
NAME:		BIRTH DATE:	

## HEALTH RECORD (Please outline ANY medical conditions or medication)

NAME OF FAMILY DOCTOR		PHONE #	
ALLERGIES		MEDICATION	Must complete separate form
SIGHT/VISION/HEARING			
MEDICAL CONDITIONS			

## IMMUNISATION

The immunisation certificate has been brought to school on enrolment and viewed by Bell Block School	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MY CHILD HAS BEEN FULLY IMMUNISED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## LEARNING AND BEHAVIOUR

LEARNING / BEHAVIOUR NEEDS	
SPECIALIST NEEDS / RESOURCING / AGENCIES	
Has your child been stood down <input type="checkbox"/> suspended <input type="checkbox"/> or excluded <input type="checkbox"/> from another school? (Please tick)	
If yes, for what reason? Please include date of stand down, suspension or exclusion	

## SCHOOL CAMPS/ACTIVITIES

The school will ask for a contribution for your child/children to attend non-curriculum based school camps/activities. You will be notified of the specific contribution value prior to the camp commencing.

## PARENT TEACHER ASSOCIATION (PTA)

Do you wish to join the PTA? <b>OR</b> Friends of the PTA? If so, are you happy for the school to pass on your contact details?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## PARENT/CAREGIVER DECLARATIONS AND AGREEMENTS

### Declaration and Agreement One - Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand 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.

Copies of students' identification documents provided at the time of enrolment will be held by the school for the duration of the student's enrolment and will be securely destroyed after the student has transferred to another school.

I understand that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled student's parents/caregivers. That the school may forward my child's name and address to a potential high school.

I also agree to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

In the event of an accident or sudden illness, I authorise the staff of Bell Block School to obtain such medical assistance as may be necessary.

I give permission for the school to publish any photos of my child, along with their name, age and class in any school publication. Alternately, I give permission for the school to publish:

Photo only, no names

Photo and first name only

I give permission for the school to publish any photos of my child on the school website or Facebook.

I give permission for my child to appear in any school videos. Videos will only be used on the school website or Facebook page.

I give permission for the school to publish original works of my child's in any school publication, along with my child's name, class and age.

I give permission for my child to be assessed and treated by the School Dental Nurse, or any Community Health Member.

### \* Declaration and Agreement Two - Usual Place of Residence (\* only applicable to 'In Zone' Enrolments)

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in zone address but move to an out of zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain enrolment by knowingly giving a false address or making an in zone living arrangement which they intend to be only temporary, for example:

- Residing in zone on a short term basis;
- Arranging temporary board in zone with a relative or family friend;
- Using the in zone address of a relative or friend as an "address of convenience" with no intention to live there on an ongoing basis.

Before enrolment takes place (ie: before attendance begins), if the Board has reasonable grounds for believing that the given in zone address will not be a genuine, ongoing living arrangement, the Board may withdraw any offer of a place it might have

made on the basis of the given address.

After attendance has begun, if the Bell Block School Board learns that a student is no longer living at the in zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of gaining enrolment at the school, then the Board may review the enrolment. Unless the parents can provide a satisfactory explanation, the Board may annul the enrolment. This course of action is provided for under Clause 13 of Schedule 20 of the Education and Training Act 2020.

Bell Block School may actively collect information to ensure that the enrolment data provided is accurate.

- I confirm that the address which I have provided to Bell Block School will be the usual place of residence of \_\_\_\_\_ (student's name) when the school is open for instruction. I will advise the school of any subsequent change of address.
- Proof of address has been provided to Bell Block School in the form of one of the following: utility bill, rental agreement, sale/purchase agreement, rates bill. Proof of address must be current (no more than three months old).

#### **Declaration and Agreement Three - Residing Permanently with Natural Parent or Legal Guardian or Authorised Primary Duty of Care**

- I confirm that my son / daughter will reside permanently with their parent/s or Legal Guardian or Authorised Primary Duty of Care for the duration of their attendance at Bell Block School.

#### **Declaration and Agreement Four - Policies and Procedures of the School**

- I have read the Bell Block School Information Handbook and agree to abide by and uphold the guiding principles, rules, values, policies and directives and general terms and conditions including behaviour expectations. These can be viewed via the school website [www.bellblock.school.nz](http://www.bellblock.school.nz) and the School Docs website [www.schooldocs.co.nz](http://www.schooldocs.co.nz) (user log in: bellblock - password: Best).
- I give permission for my child to have supervised access to the internet while at school. Students will only visit sites they have been directed to by their teacher, or which the teacher has approved.
- I give permission for the school to administer Panadol to my child without contacting me first.

#### **Declaration and Agreement Five - Information provided in this Enrolment Application**

**I declare that the information contained in this application is true and correct in every respect and acknowledge that I have accepted and agree to abide by the Declarations and Agreements contained and noted within this document.**

<b>Date:</b>	
<b>Signature of Parent or Legal Guardian or Authorised Primary Duty of Care</b>	

#### ***I have attached the following documents to support this enrolment:***

- Birth certificate
- Immunisation record
- Proof of address (in zone applicants only)
- Copy of recent report (if applicable)

## **Vision and Hearing Screening Consent Form**

Vision and hearing screening is completed by Te Whatu Ora Health New Zealand Vision and Hearing Technicians at our school.

### **New Entrant**

Routine screening is completed for children who are new to school, and/or have not completed their B4 School Check and/or require further testing post B4 School Check.

### **Year 7**

Routine vision screening is completed for all Year 7 students and Year 8 students who have not completed the Year 7 screening and/or students that require further testing.

**Child's Name:**

**Address:**

**Date of Birth:**

**Cellphone Number:**

**Email:**

**GP:**

Has your child been referred to or been under the care of:

A specialist for their **hearing?** Yes  No  Yes has grommets  Yes has hearing aid   
Date last seen: Waiting on first appointment  Remains under care   
Has been discharged

A specialist for their **vision?** Yes  No  Yes wears glasses/contact lenses   
Date last seen: Waiting on first appointment  Remains under care   
Has been discharged

**Any concerns or issues you would like us to be aware of:**

Please complete either option below:

### **CONSENT**

I ..... parent/guardian give consent for my child to be screened by the Vision Hearing Technician and complete any follow-up referrals as required.

Signature: Date:

### **DECLINE**

I ..... parent/guardian wish to decline the offer of this vision and hearing screen for my child.

Signature: Date:

**Te Kāwanatanga o Aotearoa**  
New Zealand Government