

# St Bernard's School Enrolment Form



## Student's Name

Use full legal names, and then preferred names (but only if different).

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Preferred First \_\_\_\_\_

Preferred Surname \_\_\_\_\_

## Personal

Please leave Student Code, NSN, and Student Type for the office.

Date of Birth (dd/mm/yy) \_\_\_\_\_

Gender  male  female

Intended Start Date \_\_\_\_\_

Intended Year Level \_\_\_\_\_

Student Code \_\_\_\_\_

NSN \_\_\_\_\_

**Specify any siblings (including half or step) who are attending or have attended this school:**

\_\_\_\_\_  
\_\_\_\_\_

## Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Salutation \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Bill Payer  Restricted Access  Custody

Physical Address \_\_\_\_\_

This is the student's place of residence

## Weekly Newsletter

How would you like to receive your weekly newsletter - Email  Hard Copy  or Both

Email Address (if Applicable) \_\_\_\_\_

## Secondary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Salutation \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Bill Payer  Restricted Access  Custody

Physical Address \_\_\_\_\_

\_\_\_\_\_

This is the student's place of residence

## Emergency Contact

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Medical Contacts

Doctor \_\_\_\_\_

Medical Centre \_\_\_\_\_

Phone \_\_\_\_\_

Other Medical \_\_\_\_\_

\_\_\_\_\_

## Schooling

'Preschool' is only relevant if your child is entering this year at level 1.  
If your child is a new entrant, put N/A under previous NZ school.  
If your child was last at a non NZ school put 'overseas school'.  
'First schooling' date is the date your child first attended primary school.  
(\* office to complete )

\* Intended Home class \_\_\_\_\_

\* Intended Funding Year Level \_\_\_\_\_

Preschool:

Attended Early CE but type unknown

Attended Kindergarten, Play centre,

Education & Care or Home based Service

(includes by correspondence)

Attended Kohanga Reo

Attended Playgroup or Pacific Islands EC group

Did not attend any type of early childhood centre

Previous NZ school \_\_\_\_\_

## Religion

\_\_\_\_\_

## Ethnicity

For 'Citizenship' name the country/countries your child is a citizen of.  
For 'Verification Document' please attach a copy (e.g. passport, birth certificate) if necessary.

'Serial Number' refers to the reference number on the Verification Document.

Ethnicity: 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

If Māori, Iwi: 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Citizenship: \_\_\_\_\_

## Verification – (To be completed by the office)

Eligibility:  NZ Citizen  NZ Resident

Other \_\_\_\_\_

Verification Document \_\_\_\_\_

Serial Number \_\_\_\_\_

Date in NZ (dd/mm/yy) \_\_\_\_\_

Expiry Date (dd/mm/yy) \_\_\_\_\_

## Languages (other than English)

This section is for languages other than English.

Where the child is fluent write under 'Spoken'.

Where the child is not fluent, but learning, write under 'Learning'.

For 'First Language' write the child's home / first learnt language.

Please leave 'Māori Language hrs per week' for the office.

Spoken Languages 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Learning Language \_\_\_\_\_

First Language \_\_\_\_\_

## Health and Disability

Please attach relevant documentation.

Please note if the condition is critical.

Please note where medicine is kept.

Allergies / Conditions / Treatment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunisation:

Fully  Partly  Not

Please attach a certificate.

Hepatitis

Mumps

HIB

Pertussis

HPV

Polio

Measles

Rubella

Mening. B

Tetanus / Diphtheria

Disability:  Yes  No

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs:  Yes  No

ORRS Level:  Very High  High

Non-ORRS

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Consents

Please check the consents that you agree with for your child

### Internet

- I give permission for my child to have supervised access to the internet while at school.
- I do not give permission for my child to have supervised access to the internet while at school.

### Capture & Release

St Bernard's School will from time to time use images and audio of children to :

- Promote effective teaching and learning.
- Celebrate success of St Bernard's School activities.
- Only agencies approved by the Principal will use the children's work, images and audio recordings.
- The captured work, images and audio recordings could appear on St Bernard's School publications/ TV / Radio / Newspaper / internet / written material.

I give permission for the capture and publication of my child's images and audio recordings by agencies approved by the Principal (This includes St Bernard's School Publications).

I do not give permission for the capture and publication of my child's images and audio recordings by agencies approved by the Principal (This includes St Bernard's School Publications).

I give permission for the Capture and publication of student work, images and audio by agencies approved by the Principal.

I do not give permission for the Capture and publication of student work, images and audio by agencies approved by the Principal.

### Outdoor Education

Trips and Visits outside the school complement the children's learning, and are a significant part of the school programme.

- The School will provide the same standard of care for children whether on or off school premises.
- The School is responsible for children's safety on school outings. The School must follow best practice guidelines for ensuring the safety of children, staff and helpers on trips and visits.
- A risk analysis will be done for all trips and visits.
- Teachers taking class trips will do so only with the Principal's approval.
- Parents or caregivers will be informed of the purpose, location, means of transport and approximate time of return to the school.
- Parents or caregivers must give specific written permission for their children to take part on any trip or visit which is outside school hours, or outside the greater Wellington area - for example an overnight camp, a trip to the Wairarapa.
- The School may ask parent or caregivers for money to cover trips and visits expenses.

I have read the above school procedures on trips and visits and agree to my child(ren) participating in school trips under the stated conditions.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Pastoral Notes

Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from the physical address, religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are available, court order details etc.

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## Declaration

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies.

I agree that my child/ren shall observe the rules and wear the prescribed uniform as determined by the Board of trustees of St Bernard's School. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Document Check

Please include copies of the following documents.

- NZ Birth Certificate or current Passport
- Immunisation Certificate
- Preference Certificate (if applicable)
- Attendance Dues Agreement form