



Chaucer School Enrolment Form

Empowering Confident Learners



Child's Name: _____

Please TICK below if you are an **In Zone OR Out of Zone** Enrolment

IN ZONE ENROLMENT

Please ensure all details are filled in.
Proof of In Zone address: (E.g: Power bill, rates bill, water bill)
Child's Birth Certificate plus supporting documents (if required)

OUT OF ZONE ENROLMENT

Please ensure all details are filled in.
Child's Birth Certificate plus supporting documents (if required)
The following priorities for out of zone enrolment apply as directed by the Ministry of Education guidelines.

Please indicate which priority you are applying under (tick one only)

- Sibling of students currently enrolled at Chaucer School
- Sibling of former student of Chaucer School (Birth certificate of former student required)
- Child of former student of Chaucer School (Proof required eg report, photo)
- Child of an employee of the Chaucer School Board of Trustees
- All other applicants

Please ensure you include all the supporting documents listed in the option that applies to your child's enrolment - for In Zone and Out of Zone.

*Option (a) New Zealand Birth Certificate and Immunisation record.

*Option (b) International Birth Certificate and New Zealand Passport and Immunisation record.

*Option (c) International Birth Certificate and International Passport with immigration visas/permits for both student and parent and Immunisation record for student

***Please note: We will require further documentation if parents are born outside New Zealand**

STUDENT DETAILS

Student's legal surname:	
Student's legal first name:	
Student's preferred name:	Gender: BOY / GIRL (circle one)
Date of Birth:	Child lives with:
Please give details of the previous school that the student attended, if transferring from another school.	
Has your child ever been enrolled under a different name at an N.Z. school? YES / NO	If yes - What name? _____

PARENT/GUARDIAN DETAILS:

Mother / Father / Other: (circle one) If "Other" please state relationship: _____		Mother / Father / Other: (circle one) If "Other" please state relationship: _____	
Name:		Name:	
Address:		Address:	
Home ph:		Home Ph:	
Mob ph:		Mob ph:	
Work ph:		Work ph:	
Email address of Caregiver one:			
Email address of Caregiver two:			
Most of our communication is sent via email. Please ensure your email/s is clearly written.			
Occupation		Occupation	
Employer		Employer	

Is there any restricted access (such as Custody Arrangements / Protection Orders) that the School needs to be made aware of? YES / NO Please advise:

The original of any court order will need to be sighted, and a copy will be kept on file.

In the event that we cannot caregivers 1 and 2 please state below who we can contact in an emergency.

Emergency Contact 1. please state relationship to child : _____		Emergency Contact 2 please state relationship to child : _____	
Name:		Name:	
Mobile		Mobile	

STUDENT'S HEALTH DETAILS

Immunisations completed? YES / NO (circle) Immunisation attached? YES/NO (circle)
Please bring immunisation booklet or Med Centre letter detailing immunisations to school office.

Are there any health issues that the school needs to be made aware of? YES / NO (circle)
If yes, please give details below (e.g Allergies, hearing, sight, speech, medication, other)
Please note, a medical consent form will need to be completed for any medications to be administered at school.

Name of GP/Practice _____ Phone no. _____

OTHER STUDENT DETAILS

Does your child have any special learning, behavioural needs, or is there any other information the school needs to know? YES / NO - If yes please give details:

Please circle whether your child has received special assistance in any of the following areas:

Reading/ Writing/ Maths/ Behaviour/ Speech/ Motor skills/ Learning English/ Gifted & Talented/
General Learning Issues/ Other: _____

Did your child attend an Early Childhood Centre (day care) or Kindergarten prior to starting school? YES / NO

Name of Centre attended: _____

Please complete table

Select one from below	Hours per week attended	Date or year child started
NZ Kindergarten/Play Centre		
NZ Education / Day Care Centre		
Home based service		
NZ Correspondence School		
Attended, but only outside New Zealand		
Did not attend		

ETHNICITY

Ethnic Group [s]		First Language: (main language spoken)	
Citizenship:		Home Language: (if different from above)	
Country of Birth:		Other Languages spoken at home: [if any]	

If coming from overseas - date student entered New Zealand: _____

New Zealand Resident? YES / NO If No: Does student have a student visa? YES / NO
(A copy of visa/permit is required, original must be sighted by office staff.)

Is the student a refugee? YES / NO

For Students of Maori descent/ethnicity

Does the student have an affiliation with an(y) Iwi? If Yes. Please complete details below. Please enter the name(s) of the student's Iwi. Up to three Iwi affiliations may be entered. Iwi affiliation(s):

PARENTS DETAILS:

Country of Birth of Mother: _____

Country of Birth of Father: _____

If parent(s) born outside New Zealand, please include any of the following for **each** parent with your child's enrolment application:

NZ Passport or NZ Citizenship Cert or Permanent Resident Permit (indefinite) or Work Visa

PRIVACY: The personal information provided in this application is for school management only.

- The school sometimes publishes students' work and photographs in the school newsletter / noticeboards and website. Please let us know if we have your permission to do this for your child(ren)?
- **I give permission for Photo** **YES / NO** **School work** **YES / NO**
Signed: _____ **Signed:** _____

Are there brothers or sisters who will be enrolling at Chaucer in the future:

Name: _____ Date of Birth ___/___/___

Name: _____ Date of Birth ___/___/___

UNIFORM: Students are required to wear the Chaucer school uniform. Grey polo shirt with school logo, black bottoms e.g. pants, tights, shorts or skorts, black socks and black shoes or black sandal during summer. Royal blue bucket hat is compulsory to be worn when outside the classroom during terms 1 & 4. If student is unable to wear the correct uniform on any day, please write a note of explanation for the teacher.

PARENT/ GUARDIAN DECLARATION:

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 child transfers to another school. I further approve the forwarding of my child's name and address to a potential Intermediate or Secondary school or Government or Health Services, on request.

I understand that the school will take action on my behalf for minor treatment via the care room or for sudden illness or injury and I will reimburse the school for any associated costs incurred. I agree to abide by school policies.

Signature of Parent/Caregiver: _____

Parent/Caregiver's name: _____ **Date:** _____

Please complete this part if you are applying as an Out of Zone Enrolment

Please give us a brief explanation why you have chosen Chaucer School as your school of choice:

CHECKLIST FOR ENROLMENT

- I have completed all parts of the enrolment form and ticked if my child is applying as In Zone or Out of Zone
- I have provided proof of address for In Zone enrolment
- I have provided a copy of my child's immunisation details
- I have provided a copy of my child's NZ birth certificate or
- I have provided a copy of my child's International birth certificate and NZ passport or immigration visa/permit
- I have provided a copy of both parents' proof of NZ citizenship (if parents born overseas)
- I have completed the internet use agreement form
- I have completed the vision and hearing test form

For office use only one

Date of Enrolment:	Enrolment No.
Birth date verified YES / NO	Year level on enrolment:
Birth Certificate No.	Class on enrolment:
Passport No.	Teacher on enrolment
Student Visa copied: YES / NO / Not App	Parent Work Visa copied YES / NO / Not App
Immunisation form supplied? YES / NO	Student immunised YES / NO
Dental form YES / NO	Speak other languages:
Vision & Hearing form YES / NO	ESOL YES / NO
Internet form YES / NO	HOUSE
	PRIORITY LEARNER / SENCO (circle one)