

# Bathgate Park School

Welcome to



## 2024 Enrolment Form

Full Primary School: Yrs. 1 - 8

213 Macandrew Road  
South Dunedin  
Dunedin 9012

Enquiries: K Robertson

Return forms to: Bathgate Park School

or post to:

Bathgate Park School

213 Macandrew Road

South Dunedin, 9012

Ph: 034553421 0273322394

Email: [office@bathgatepark.school.nz](mailto:office@bathgatepark.school.nz)

<https://www.school.nz/schools/bathgate-park-school>

# Enrolment Details - 2024

NSN: \_\_\_\_\_

Start date for student \_\_\_\_\_

Year e.g. Yr 0, Yr 1, Yr 2 etc. \_\_\_\_\_

Last name \_\_\_\_\_ First name(s) \_\_\_\_\_

Known by other Surname \_\_\_\_\_ Preferred first name \_\_\_\_\_

Lives with (**please circle**) Mum / Dad, Step Parent, Caregiver Other \_\_\_\_\_

Male / Female / Gender Diverse (please circle) Date of Birth \_\_\_\_\_

Country of origin \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Ethnicity (you may choose more than one):

NZ European NZ Maori (Iwi) \_\_\_\_\_ Other (\_\_\_\_\_)

**Proposed Class: (School to complete)** \_\_\_\_\_

Previous School(s): \_\_\_\_\_

Early childhood education: \_\_\_\_\_

**Early Childhood Hours per week:** \_\_\_\_\_

Eldest at school (please circle): Yes/No Place in family: 1 2 3 4 5 6

Number of siblings: \_\_\_\_\_ Pre-schoolers: (names and dates of birth) \_\_\_\_\_

**Medical Details:** (Any health issues e.g. asthma, diabetes, allergies, etc)

**Doctor:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Phone number of Doctor:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**NB: If any medication is to be given at school, please fill out permission form at school office and attach a label from medication bottle/packet – Please keep these details updated with school**

**Immunisation:**

**Complete:** Yes/No

**Incomplete:** Yes/No

**Record sighted:** Yes/No (office use)

Details:

**PLEASE PROVIDE A COPY OF BIRTH CERTIFICATE**

(a copy can be taken at the school office)

Copy of birth certificate received: Yes/No (office use)

**Custody arrangements**, if any – please attach a copy of any orders e.g. Court Orders

**Special requirements:** \_\_\_\_\_

**CAREGIVER DETAILS**

**Caregiver 1** (please circle)    Mother    Father    Other \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address: \_\_\_\_\_ Home ph: \_\_\_\_\_

\_\_\_\_\_ Mobile ph: \_\_\_\_\_

Occupation \_\_\_\_\_ Work ph: \_\_\_\_\_

**Email address** \_\_\_\_\_ Newsletter  Y  N

**Caregiver 2** (please circle)    Mother    Father    Other \_\_\_\_\_

Last name \_\_\_\_\_ First names \_\_\_\_\_

Address: \_\_\_\_\_ Home ph: \_\_\_\_\_

\_\_\_\_\_ Mobile ph: \_\_\_\_\_

Occupation \_\_\_\_\_ Work ph: \_\_\_\_\_

**Email address** \_\_\_\_\_ Newsletter  Y  N

**IMPORTANT:**

**Emergency Contact** – Name of Contact and relationship to student **e.g. aunty/uncle/family friend** Name: Please make this person a local person that can collect your child.

Mr, Mrs Ms \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

# Parent/Caregiver General Permission Agreement Form

I give permission for the school and its representatives to contact my child's previous education provider.

YES / NO (please circle)

I give permission for the school and its representatives to discuss my child, if needed, in a professional private manner with liaison partners, to plan for possible supports within the school.

YES / NO (please circle)

If the opportunity/need arises I give my permission for my child to be involved in activities within the wider Dunedin area, e.g. class trips

YES / NO (please circle)

If the opportunity/need arises I give my permission for my child to travel in the school van or staff vehicle

YES / NO (please circle)

I give permission for my child to have his/her first name and/or photo published in the school newsletter/website

YES / NO (please circle)

I give permission for my child to have first Aid administered and/or panadol/pamol for pain or injury

Dose Pamol \_\_\_\_\_ mls

YES / NO (please circle)

      Tabs \_\_\_\_\_ 1 or 2

I will let the school know when there are any changes to these details

YES / NO (please circle)

I/We would like to receive the school newsletter by email:

Email address 1 \_\_\_\_\_

Email address 2 \_\_\_\_\_

I will let the school know when there are any changes to these details

YES / NO (please circle)

I am aware communications will be sent via Email, Newsletter, Facebook, Parent Portal and Website

Y     N

I/we acknowledge that all the details in this enrolment form are correct and we give permission as per the details above

Y  N

Parent/Guardian/Caregiver signature \_\_\_\_\_