

# Bathgate Park School

Welcome to



## 2017 Enrolment Form

**Full Primary School: Yr 1 - 8**

**213 Macandrew Road  
South Dunedin  
Dunedin 9012**

**Enquiries: Whetu Cormick / Katrina Robertson 4553 421**

**Return forms to: Bathgate Park School**

**or post to:**

**Bathgate Park School**

**213 Macandrew Road**

**South Dunedin**

**Dunedin 9012**

# Enrolment Details - 2017

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 (please circle) **IMPORTANT** Date of Birth \_\_\_\_\_

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

Ethnicity (you may choose more than one):

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

Class:      Mainstream/Bilingual (please circle preferred choice)

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: \_\_\_\_\_ Preschoolers: (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: Please supply a copy of the current immunisations. In Wellness Book**

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)

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 \_\_\_\_\_

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

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

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

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

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

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

**Emergency Contact** – Name of Contact and relationship to student e.g. aunty/uncle/ family friend

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Custody arrangements, if any – please attach copy of any orders \_\_\_\_\_

\_\_\_\_\_

## Parent/Caregiver General Permission Agreement Form

I give permission for our child's previous education provider to be contacted and details shared with Bathgate Park 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 name and/or photo published in the school newsletter/website

YES/NO (please circle)

I give permission for my child to have panadol/pamol for pain or injury

YES /NO (please circle)

Dose Pamol \_\_\_\_\_ mls 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 have completed and returned the Vision Hearing Form attached for 5 – 6 year olds and Year 7's - 11 year olds.

YES / NO (please circle)

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

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