



BROOKBY SCHOOL ENROLMENT FORM

359 Brookby Rd
RD 1
Manurewa
Ph: 09 5308569

STUDENT DETAILS

Legal Surname:	Boy / Girl	Birthdate:
Legal First name:	Previous School:	Year level: 0 1 2 3 4 5 6 7 8
Preferred First Name:	Preferred Surname:	
Address: (Proof of address required at time of enrolment) Rcvd:Y/N	Sibling/s currently at Brookby School: Sibling/s attending Brookby School in the future:	
Ethnic Groups Child Relates To: 1. 2. 3.	Iwi: 1. 2. 3.	

Phone:	Email:
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Custody Details: Do both parents have access to child? Yes / No		
New Zealand Citizen Yes / No	(Non-NZ residents Only) Date NZ Entry: Visa Expiry Date:	Passport copied by office Yes / No
Early Childhood Education: Yes / No	Name of Centre:	

PARENT/CAREGIVER DETAILS

Name:	Name:
Address	Address:
Relationship to child:	Relationship to child:
Home Phone No:	Home Phone No:
Work Phone No:	Work Phone No:
Mobile Phone No:	Mobile Phone No:
Email:	Email:
Occupation:	Occupation:

EMERGENCY CONTACTS (alternate contacts to Parents)

Name:	Name:
Relationship to Child:	Relationship to Child:
Phone No:	Phone No:
Mobile No:	Mobile No:

HEALTH

Doctor: Ph:	Immunisation Cert: Yes / No
I consent to my child's vision & hearing being tested: Yes / No	
Speech:	Hearing:
Please note details below:	Please note details below:

Medication:	Vision:
Allergies:	Other:
<p>Medical Conditions: Please advise below of any medical conditions your child has</p> <p>Does your child require any assistance from the school in managing these conditions? (if yes, please state requirements below)</p>	
<p>Learning / Behaviour Needs:</p> <p>Please note below any relevant referral information:</p>	
PARENTAL CONSENT – what we need approval for:	
Information Gathering / Sharing	
<input type="checkbox"/> I authorise Brookby School to obtain all reports, records and information relating to my child from previous schools of which they were enrolled.	YES / NO
<input type="checkbox"/> I authorise Brookby School to pass on any requested information to legitimate educational institutions that my child may move to.	YES / NO
Parent Approval	
<input type="checkbox"/> I give permission for the school to take action on my behalf in case of sudden illness or injury as considered necessary by medical authorities should parental contact options be exhausted	YES / NO
<input type="checkbox"/> I give permission for my child to go on all school trips and attend in-school performances	YES / NO
Publication – In the interest of safety and security Brookby School needs permission for the publishing of student's names or photographs on our website, newsletters and newspapers	
<input type="checkbox"/> I give permission for my child's work, name and photo to be published on the school website, in newsletters and newspapers in order for the school to promote the positive achievements of it's students	YES / NO
Cyber-Safety Use	
<input type="checkbox"/> I have read the Student Responsible Use Agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment. I am also aware of the need to make my child aware of the safe use of computers and the internet.	YES / NO
<input type="checkbox"/> I give permission to my child using, with supervised access, the internet for class related programmes	YES / NO
Transport – In the interest of safety any person who is transporting Brookby Students	
<input type="checkbox"/> I confirm my car and the driver are compliant with all road safety requirements	YES / NO
<input type="checkbox"/> I give permission for my child to be transported by private vehicle on school events	YES / NO
Agriculture Day	
<input type="checkbox"/> I will ensure that our child/children raise one of the designated pets and participates fully in Agriculture Day (a weekend event, and classed as a school day)	YES / NO
We undertake to	
<input type="checkbox"/> Familiarise ourselves and our child/children with the school's values	
<input type="checkbox"/> Support the school fundraising events, working bees and social events wherever possible	
<input type="checkbox"/> Ensure that my child attends school in school uniform	
<input type="checkbox"/> Promptly meet any additional costs incurred such as uniforms, lunches, school trips, technology fees	
<p>I have read the above and give my permission for my child to be enrolled at Brookby School.</p>	
<p>_____</p> <p>Signature – Parent / Caregiver</p>	<p>_____</p> <p>Name – please print</p>
	<p>_____</p> <p>Date</p>