

359 Brookby Rd RD 1 Manurewa, 2576 Ph: 09 5308569

OUT OF ZONE ENROLMENT FORM						
STUDENT DETAILS						
Legal Surname:			Boy / Girl	Birthdate:		
Legal First name:			Previous School:	Year level: (enrolled yr)		
Preferred First Name:			Preferred Surname:			
Address:			Siblings at Brookby School:			
(In-zone proof of address required at time of enrolment) Rcvd: Y/N						
Ethnic Groups Child Relates To:			lwi:			
			1.			
2.			2.			
3.			3.			
Phone:	Email:		5.			
Fhone.	Linan.					
Custody Details:						
Do both parents have acces				1		
New Zealand Citizen Yes	/ No	(Non-NZ residen	ts Only)	ID and Imms. Form		
		Date NZ Entry:		copied by office		
		Visa Expiry Date:		Yes / No		
Early Childhood Education:		Name of Centre:				
PARENT/CAREGIVER DETA	ILS					
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						
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	I consent to my child's vision & hearing being tested: Yes / No					
Speech:			Hearing:			
Medication:			Vision:			
Allergies:			Other:			
Learning / Behaviour Needs			1			

PARENTAL CONSENT – what we need approval for:				
Information Gathering / Sharing				
0	I authorise Brookby School to obtain all reports, records and information relating to	YES / NO		
	my child from previous schools of which they were enrolled.			
0	I authorise Brookby School to pass on any requested information to legitimate	YES / NO		
	educational institutions that my child may move to.			
Parent Approval				
0	I give permission for the school to take action on my behalf in case of sudden illness	YES / NO		
	or injury as considered necessary by medical authorities should parental contact options be exhausted			
0	I give permission for my child to go on all school trips and attend in-school	YES / NO		
	performances			
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				
0	I give permission for my child's work, and photo to be published on the school	YES / NO		
	website, in newsletters and newspapers in order for the school to promote the			
	positive achievements of it's students			
Cyber-Safety Use				
0	I have read the Cyber-Safety Use Agreement and I am aware of the school's	YES / NO		
	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.			
0	l 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				
0	I confirm my car and the driver are compliant with all road safety requirements	YES / NO		
0	I give permission for my child to be transported by private vehicle on school events	YES / NO		
School Contract – We undertake to:				
0	Familiarise ourselves and our child/children with the schools values			
0	Support the school fundraising events, working bees and social events wherever possible			
0	Ensure that my child attends school in school uniform			
0	Promptly meet any additional costs incurred such as uniforms, lunches, school trips,			
	classroom fees,			
	and technology fees			

I have read the above and give my permission for my child to be enrolled at Brookby School. I will ensure and encourage our child/children to raise one of the designated pets and participate fully in Agriculture Day which is an integral part of the Brookby School Curriculum.

Signature – Parent / Caregiver

Name – please print

Date _