



BROOKBY SCHOOL

ENROLMENT FORM

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

STUDENT DETAILS

| | | |
|--|---|---|
| Legal Surname: | Boy / Girl | Birthdate: |
| Legal First name: | Previous School: | Year level: (enrolled yr) |
| Preferred First Name: | Preferred Surname: | |
| Address: (In-zone proof of address required at time of enrolment) Rcvd: Y/N | Siblings at Brookby School: Siblings attending Brookby School in the future: | |
| Ethnic Groups Child Relates To: 1. 2. 3. | Iwi: 1. 2. 3. | |
| Phone: | Email: | |
| Custody Details: Do both parents have access to child? | | |
| New Zealand Citizen Yes / No | (Non-NZ residents Only) Date NZ Entry: Visa Expiry Date: | ID and Imms. Form 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

| | |
|------------------------|------------------------|
| 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: | |
| Medication: | Vision: | |
| Allergies: | Other: | |
| Learning / Behaviour Needs: | | |

| PARENTAL CONSENT – what we need approval for: | |
|---|-----------|
| Information Gathering / Sharing | |
| o 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 |
| o I authorise Brookby School to pass on any requested information to legitimate educational institutions that my child may move to. | YES / NO |
| Parent Approval | |
| o 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 |
| o 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 | |
| o I give permission for my child's work, 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 | |
| o I have read the Cyber-Safety 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 |
| o 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 | |
| o I confirm my car and the driver are compliant with all road safety requirements | YES / NO |
| o I give permission for my child to be transported by private vehicle on school events | YES / NO |
| School Contract – We undertake to: | |
| o Familiarise ourselves and our child/children with the schools values | Tick here |
| o Support the school fundraising events, working bees and social events wherever possible | |
| o Ensure that my child attends school in school uniform | |
| o 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 _____