



Bairds Mainfreight Primary School

ENROLMENT FORM

ADMIN USE ONLY

Date Received		Year level	
In zone/out of zone		Class	
Enrolled by		Birth Certificate verified	
Start Date		Passport verified	
Enrolment Number		Birth Certificate after 2006 NZ Citizenship: Yes / No	
Entered on HERO		Immunisation Certificate Sighted: Yes / No	
A copy of two forms of proof of residence		A copy of NZ Birth Certificate OR passport	

Student Information

Surname: _____
(legal as on birth certificate)

First Name: _____
(legal as on birth certificate)

Preferred first name: _____

Gender: ☐ Male ☐ Female

Date of Birth: _____

Country of Birth: _____

Nationality: _____ Languages spoken at Home: _____

Family Iwi Affiliation: _____
(Maori tamariki)

For the purpose of enrolment, the home address given **MUST** be the student's usual place of residence.
In-zone students must reside in the school zone.

Address:

Current School/Pre-School:

Doctor:

Phone Number:

Medical Concerns/Medication Taken (e.g. allergies, speech, hearing, etc):

Special Circumstances

*Please be assured that any information you provide is treated as private and confidential.

My son/daughter has a physical disability:

My son/daughter has a learning need:

Anything else that you would like BMPS to be aware of:

New Zealand Citizen		Non New Zealand Citizen	
NZ Birth Certificate number:		Date of Entry into NZ	
or NZ Passport Number		Student Passport Number	
If not New Zealand Born:		Residence Permit Number	
Date of Entry into NZ		or Student Visa Number	
NZ Citizenship Number		Parent passport Number	
or Passport Number		Parent Visa Number	
		or refugee status	<input type="checkbox"/> yes <input type="checkbox"/> no

Early Childhood Education: Attended Yrs _____ Months _____ Average hours per week _____

Name: _____

Location: _____

☐ Licensed Kindergarten

☐ Licensed Kohanga Reo

☐ Playgroup/Unlicensed Playcentre / Pacific Island Group

☐ Did not attend Early Childhood Education

Early Intervention at ECE:

Yes / No _____

Teacher Aide support required:

Yes / No _____

Names of preschool children living with you:

Name:_____ D.O.B _____

Name:_____ D.O.B _____

Name:_____ D.O.B _____

Name:_____ D.O.B _____

PARENT/CAREGIVER INFORMATION

MOTHER Living With Yes / No

Legal Guardian Yes / No

Surname:_____

First Name:_____

Country of Birth:_____

Mobile: _____

Address:_____

Home Ph:_____

Work Ph:_____

Work Place:_____

Occupation:_____

Email Address:_____

FATHER Living With Yes / No

Legal Guardian Yes / No

Surname:_____

First Name:_____

Country of Birth:_____

Mobile: _____

Address:_____

Home Ph:_____

Work Ph:_____

Work Place:_____

Occupation:_____

Email Address:_____

If the student is living with someone other than parent, please give details below

Surname:_____

First Name:_____

Relationship to child:_____ Legal Guardian:Yes/No

Country of Birth:_____

Mobile: _____

Address:_____

Home Ph:_____

Work Ph:_____

Work Place:_____

Occupation:_____

Email Address:_____

Are there any custody/access arrangements that the school should be aware of? ☐yes ☐no

If yes, please describe:_____

Emergency Contact (someone other than parents/caregivers)

Surname:_____ First name:_____

Phone number:_____ Relationship to student:_____

Computer and Media Permission

The students at BMPS use computers, ipads and other technology tools and the Internet as part of their learning. I give permission for my child to use Information Technology as part of my child's learning programme: **yes** **no** (please tick one)

Media Approval – Photographs or school movies of your child may be used in the school newsletter, website, class blogs, newspapers or on television. I give permission for my
child to be used for school media purposes: ☐ **yes** ☐ **no** (please tick one)

Signed: _____ **Date:** ____/____/____

In terms of the Privacy Act I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed, on request at, the school. I approve the forwarding of information when my child transfers to another school or to other agencies in response to a legitimate request. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies.

All details on this form are correct.

Signature of Parent / Caregiver _____ **Date** ____/____/____

**BMPS BOARD OF TRUSTEES
STAFF & PARENT CODE OF CONDUCT
& PARTNERSHIP AGREEMENT**

The Board of Trustees and School Staff

Will provide an interesting, academic, cultural, sporting and social skills programme in a safe happy environment, which will ensure the best quality education possible.

Students and Parents:

Our child will:

- * Attend school every day
- * Arrive ready to start school every day by 8.40am
- * Wear the correct, tidy school uniform
- * Have all stationery supplies
- * Complete any homework

All people at Bairds Mainfreight Primary School have:

- * The right to feel safe
- * The right to learn
- * The right to be treated with respect, courtesy and consideration
- * We agree that a family member will visit school if requested to support their child's learning and/or behaviour
- * Uniforms and stationery must be purchased

I / We accept the above (Code of Conduct / Partnership Agreement).

Parent / Guardian/Caregiver

Child

Principal/DP/AP

DATE:_____

Completed documents can be emailed to: enrolment@bmeps.school.nz

Alternatively, you can hand them in at the school office.



A great place to learn. A fun place to be.
"Anything is Possible"