



**Persevere – Challenge – Succeed**

## **PAPATOETOE CENTRAL SCHOOL**

### **ENROLMENT INFORMATION FOR IN ZONE STUDENTS**

#### **Entitlement to enrol at Papatoetoe Central School**

Section 11D(1) of the Education Act 1989 provides that, subject to the provisions of that Act, a person who lives in the home zone of a school that has an enrolment scheme (such as Papatoetoe Central School) is entitled to enrol at any time at that school.

The Act distinguishes between pre enrolment and enrolment. “Pre enrolment” refers to the process of applying for entry to the school. “Enrolment” on the other hand, occurs when attendance at the school commences and the student is first marked as present on the school roll.

The school may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

#### **Enrolment based on false information or temporary residence**

The Ministry of Education has advised that parents should be warned of the possible consequences of attempting to gain enrolment by knowingly giving a false address or false information or by making an in zone living arrangement which is intended to be only temporary.

For example:

- Renting accommodation in zone on a short term basis;
- Arranging temporary board in zone with a relative or friend;
- Using the in zone address of a relative or friend as an “address of convenience”, with no intention to live there on an ongoing basis.

If the school learns that a student was not living at the in-zone address given at the time of pre-enrolment, or the school has reasonable grounds to believe that a temporary in zone residence has been used for the purpose of gaining enrolment at the school then the Board may review that enrolment. Unless the parents can provide a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Sections 110 and 110A of the Education Act 1989.



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## **PAPATOETOE CENTRAL SCHOOL**

### **APPLICATION FOR ENROLMENT**

*Welcome to Papatoetoe Central School.  
We operate an enrolment scheme and to apply for an enrolment at our school you  
must live within our school home zone.*

#### **ENROLMENT CHECK LIST FOR IN ZONE STUDENTS**

**Please bring the following forms along with the application for enrolment forms:**

#### **PROOF OF IDENTITY**

##### **For all students**

Original copy **NOT** a photocopy of your child's birth certificate

##### **Students born outside of New Zealand**

Passport with stamped Residency Permit or Student Permit, together with parent's passport and work permit

##### **Documents to support student's address**

Own Home     Renting     Boarding    Other \_\_\_\_\_

**MUST: Supply two recent copies of the parents/caregivers proof of address from the following:**  
Power account, Landline telephone account, Tenancy Agreement, IRD correspondence, Work and Income correspondence

#### **GENERAL**

Copy of your child's Immunisation Certificate signed by your Doctor (This can be obtained from your family Doctor free of charge) or is in the back of your plunket book.

All sections of the enrolment forms to be completed, signed and dated

All enrolment forms to be returned to the school office at least one full day prior to starting

A copy of a parenting agreement in the case of separated parents

**STUDENTS START SCHOOL ON MONDAYS ONLY**

##### **Office use only**

Application approved \_\_\_\_\_ Signed / Dated

Application entered on SMS \_\_\_\_\_ Signed / Dated

**Papatoetoe Central School  
Application for Enrolment Form**

**STUDENT DETAILS**

<b>Full Legal Family Name</b>				<b>Full Legal First Names</b>			
<b>Preferred Name</b>				<b>Date of Birth</b>			
<b>Gender (tick one)</b>	<b>FEMALE</b>		<b>MALE</b>	<b>Language spoken at home</b>			
<b>Ethnicity (Up to three)</b>							
<b>Please note: This is very important. Please include your child's main ethnic group first, then the other ethnic group or groups</b>							
<b>Ethnic Group 1</b>		<b>Ethnic Group 2</b>			<b>Ethnic Group 3</b>		
<b>Country of Birth</b>							
<b>Home Address</b>				<b>Home phone no.</b> ☎			
<b>Date entered NZ</b>				<b>Citizen, Resident or Visa expiry date</b>			
<b>Last School Attended</b>				<b>Year Level</b>			
<b>IWI (if known-up to three)</b>							
<b>Custodial/Access Details</b>				<b>Court Orders Supplied</b>	<b>YES</b>		<b>NO</b>
<b>Has your child been involved with other agencies? (Special Ed, CYFs, Speech Therapy, RTLB, Early Intervention etc)</b>							

**EARLY CHILDHOOD CENTRE ATTENDED**

**Did your child attend one or more Early Childhood Education centres in the six months prior to school?** Please complete the table below for last Centre attended.

1. If your child was attending more than one *at the same time*, please enter hours per week for up to three Centres.
2. If your child attended one Centre, but changed to a different one within the six months prior to starting school, please complete the table for the *last Centre only*, not both.
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

		Centre 1 (hrs/week)	Centre 2 (hrs/week)	Centre 3 (hrs/week)
<b>a.</b>	Kohanga Reo			
<b>b.</b>	Playcentre			
<b>c.</b>	Kindergarten <i>or</i> Education and Care Centre			
<b>d.</b>	Home based early childhood education			
<b>e.</b>	Playgroup			
<b>f.</b>	The Correspondence School – Te Aho o Te Kura Pounamu			
<b>g.</b>	Attended, but outside New Zealand			
<b>h.</b>	Attended, but don't know what type of early childhood education			
<b>i.</b>	Did not attend			
<b>j.</b>	Unable to establish if attended or not			

**Did your child regularly attend Early Childhood Education?**

Instructions: "Regularly attend" means your child was booked in to a Centre for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion etc

- Yes, for the last \_\_\_\_\_ weeks, \_\_\_\_\_ months, \_\_\_\_\_ years (please circle one)  
 Not regularly, only occasionally with no on-going schedule.  
 No, did not attend Early Childhood Education.

## FATHER / CAREGIVER DETAILS

<b>Child lives with</b> <i>(Please circle)</i>	<b>Both Parents</b>	<b>Father</b>	<b>Mother</b>	<b>Caregiver - Relationship to child:-</b>	
<b>Father / Caregiver's Family name</b>				<b>First names</b>	
<b>Address</b>				<b>Home phone no.</b> ☎	
				<b>Mobile phone no.</b> ☎	
<b>Occupation</b>				<b>Work phone no.</b> ☎	
<b>Name of Employer / Company &amp; address</b>					
<b>Date entered NZ</b>				<b>Citizen, Resident or Visa expiry date</b>	
<b>Country of Birth</b>				<b>Home Language</b>	
<b>Email address</b>					

## MOTHER / CAREGIVER DETAILS

<b>Mother/Caregiver's Family name</b>				<b>First name</b>	
<b>Address</b>				<b>Home phone no.</b> ☎	
				<b>Mobile phone no.</b> ☎	
<b>Occupation</b>				<b>Work phone no.</b> ☎	
<b>Name of Employer / Company &amp; address</b>					
<b>Date entered NZ</b>				<b>Citizen, Resident or Visa expiry date</b>	
<b>Country of Birth</b>				<b>Home Language</b>	
<b>Email address</b>					

## EMERGENCY CONTACT (This is someone who does not live at above address) This must be someone who speaks your own language and English

<b>Family Name</b>			<b>First name</b>	
<b>Relationship to student</b>				
<b>Address</b>				
<b>Home phone no.</b> ☎			<b>Mobile phone no.</b> ☎	

## YOUNGER BROTHERS OR SISTERS

<b>Family Name</b>		<b>First Name</b>		<b>Male / Female</b>	<b>DOB</b>	
<b>Family Name</b>		<b>First Name</b>		<b>Male / Female</b>	<b>DOB</b>	

## MEDICAL

<b>Family Doctor's name</b>		<b>Doctor's phone no.</b>	
<b>Does your child have any allergies?</b>		<b>Does your child have any Speech issues?</b>	
<b>Does your child take any medication?</b>		<b>Or</b>	
<b>Does your child have any serious health problems?</b>		<b>Or</b>	
		<b>Sight issues?</b>	
		<b>Hearing issues?</b>	

**I give permission for the school trained First Aid staff to carry out any required medical treatment, in line within the Board of Trustees medical policy. YES / NO (Please circle)**

**I / We give permission for the office to give my child pain relief (eg Panadol) if considered necessary YES / NO (Please circle)**

**Can you please provide us with some information about your child's talents, interests and strengths - eg: singing, dancing, sport, craft activities, art - sketching, painting, science, the natural world.**

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 on of this information when my child transfers to another school.

I / We further approve of the forwarding of my child's name and address on request to their next school

**Statement by the School:** Completion of this form does not guarantee enrolment in the school. Entitlement to enrol depends on the information provided being correct and valid on the date of entry.

**Statement by Parents / Caregivers:** We acknowledge that this information has been provided to enable the school to consider enrolment of our child.

- I / We confirm that all information provided is true and correct in all instances.
- I / We agree to remove our child from the school if his/her enrolment has been made on the basis of any misleading information.
- I / We will immediately notify the school of any change of address and contact phone numbers *(This is very important)*.

<b>Signed</b>		<b>Date</b>	
<b>Print Name</b>			



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## **PAPATOETOE CENTRAL SCHOOL**

### **APPROVAL FORM**

#### **School trips and Visits**

We require blanket approval for all school related trips and visits that will relate to your child while at Papatoetoe Central School.

For all of the trips and visits organised by the school we would still make a point of sending information home about the trip or visit so that you are kept well informed. If anyone had concerns and wished to discuss the trip or visit, they could still do so. Our wish is to cut down on the paper work and associated processing time while still ensuring that parents and caregivers are informed of any trips or visits relating to their child.

#### **Use of student work and appearances**

Our school uses a range of learning technologies to enhance student learning. From time to time we publish material on our school Intranet and our web site ([www.pcs.school.nz](http://www.pcs.school.nz)) for educational purposes. Our aims are to promote and share learning, to communicate general information within our school and beyond to our school community. The material may include examples of student work and the inclusion of student appearances on our web site.

Student appearances may include scanned, digital or video records or representations of students taking part in school or class events.

This release form gives the school the right to select any appropriate student work or appearances to publish online. You have the right to withdraw your permission at any stage and the material will be removed.

Regards  
Linda Jefferies  
Principal

#### **I / we give Papatoetoe Central School the following rights:**

- The right to publish student appearances on the school website.
- I / we understand that the students first name and room number may be used.
- I give permission for my child to participate in all trips and visits organised by Papatoetoe Central School in accordance with the school's Education Outside the Classroom Policy and Educational Trips and Visits policy.

Child's name \_\_\_\_\_

Signed: \_\_\_\_\_ Parent /Guardian

Dated: \_\_\_\_\_

**I wish to receive the school fortnightly newsletter by email  Hard copy  (Please tick one)**



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**STATUTORY DECLARATION FOR IN ZONE APPLICANT**

I, \_\_\_\_\_

being the parent/guardian of

\_\_\_\_\_

(name of student) do solemnly declare as follows:

1. That the information contained in this application is true and correct in every respect.
2. Any change to any information provided in this form prior to the student being first marked as present on the school roll will be notified to the school in writing.
3. I confirm that \_\_\_\_\_ (*Name of student*) is currently living within the home zone of Papatoetoe Central School at \_\_\_\_\_ (*address*) and has been for the period of \_\_\_\_\_ (*weeks / months / years*). This will be his/her usual place of residence when the school is open for instruction unless I notify the school otherwise in writing.
4. I understand that Enrolment is dependent on all information provided in this application being true and correct.
5. A temporary residence within the school's home zone has not been used for the purposes of gaining enrolment at the school.
6. I will advise the school of any change of address. If any change involves a move from the in zone to out of zone I undertake that **prior to the move being undertaken** I will advise the Board in writing and with reasons, for permission for the student to continue as a student at our school. The board may review the student's enrolment which may result in that enrolment being annulled.

**And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Declared at Auckland on \_\_\_\_\_ (Date)

Signed \_\_\_\_\_ (Father/Guardian)

Signed \_\_\_\_\_ (Mother/Guardian)

**Note: To make a false declaration is a criminal offence**



## Papatoetoe Central School Cyber Safety Student Use Agreement

*This agreement is effective from time of signing until the student leaves Papatoetoe Central School.*

These are important rules that all Papatoetoe Central School students must follow:

- I cannot use the Internet at school without my parent/caregiver's permission
- I will only use the Internet and other ICT equipment to support my learning
- If I see something on the Internet that makes me feel unsafe I must tell the teacher
- I will take care of all ICT equipment (computers, cameras, ipads, etc)
- I will share all ICT equipment
- I am not to give out information on the Internet about others or myself
- I understand that there will be consequences if I break these rules

Student name: \_\_\_\_\_ Room: \_\_\_\_\_

Date: \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • I have read and discussed this agreement with my child   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I allow my child to use the Internet at school   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree that if my child uses the Internet or ICT equipment inappropriately I will be informed and consequences will be put in place | <input type="checkbox"/> | <input type="checkbox"/> |

I will be informed and consequences will be put in place

Student's name: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ (please sign)

Date: \_\_\_\_\_