



KŌRAKONUI SCHOOL

Student Enrolment Form for 2025

734 Wharepuhunga Road, R.D.3, Te Awamutu
Phone No. (07) 8722762
E-Mail: office@korakonui.school.nz

STUDENT DETAILS

Surname _____

Legal Surname _____

All first name/s _____

Preferred name (known by) _____

Gender _____ Date of Birth (dd/mm/yy) _____

(Birth Certificate to be sighted upon Enrolment)

Country of birth _____

Language spoken at home _____

Student will be eldest at this school? Yes No.

If **No**, please name brothers/sisters who are attending this school

Please specify how student is to get to school usually (eg bus, walk, dropped off) _____

For Office Use Only

Student Enrolment No: _____

Enrolled: _____

Started: _____

Immunisation: _____

D.O.B. Verification: _____

(Birth Certificate, Passport, etc.)

House: KIWI / WEKA / TUI

Year Level: _____

Assigned to Room: _____

Teacher: _____

IN ZONE / OUT OF ZONE

Bus: Route 2499 - Te Kawa **or**
Route 2200 - Wharepuhunga

Bus Tag: Eligible / Ineligible

PARENT/GUARDIAN DETAILS – please nominate two parent/caregivers and an emergency contact

Mother/Guardian:

Name _____

Lives with?

If not Mother, please indicate relationship: _____

Send copy of report?

Home Address (Physical, incl. Rapid No.) _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Father/Guardian:

Name _____

Lives with?

If not Father, please indicate relationship: _____

Send copy of report?

Home Address (Physical, incl. Rapid No.) _____

Mail Address (if different) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

Emergency Contact:

Name _____ Relationship: _____

Home Address (Physical) _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Mobile: _____

PREVIOUS SCHOOLING (including Early Childhood Education)

The questions below are a compulsory requirement from the Ministry of Education when enrolling a new entrant.

Date first started any Primary School _____ (eg date first started school)

Student is transferring from School (name) _____

where he/she was in Year Level _____ Teacher _____

Please indicate what Early Childhood Centre this student attended.

- Licensed Kohanga Reo
- Unlicensed Kohanga Reo
- Licensed Early Childhood Education Centre (Kindergartens, Playcentres, Education Care Centres)
- Early Childhood Development Service (Playgroups, Pacific Island Language Groups & License Exempt Playcentres)
- Did not attend ECE Centre or ECD Service

Did your child attend one or more Early Education services in the six month prior to starting school?

YES / NO - Name of Centre Attended _____

How many hours per week did the child attend this service? _____

How many years and months did the child attend this service? _____ Years _____ Months

ETHNIC GROUPS

Please choose up to two Ethnic Groups which you feel your child belongs to.
Place a number one beside the ethnic group you most consider your child to belong to.

- | | |
|---|--|
| <input type="checkbox"/> NZ European/Pakeha _____ | <input type="checkbox"/> Other European _____ |
| <input type="checkbox"/> New Zealand Maori _____ | <input type="checkbox"/> Pacific Islands (specify) _____ |
| <input type="checkbox"/> If identified as New Zealand Maori, please indicate Iwi Affiliation (see Aotearoa Map) _____ | <input type="checkbox"/> Asian (specify) _____ |
| | <input type="checkbox"/> Other (specify) _____ |

DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE

- | | |
|----------------|-------------------|
| 1. NAME: _____ | Birth Date: _____ |
| 2. NAME: _____ | Birth Date: _____ |
| 3. NAME: _____ | Birth Date: _____ |

HEALTH RECORD – PLEASE outline any health problems or medication so that we can watch for related issues.

Name of Family Doctor: _____ **Phone:** _____

Name of Doctor's Practice: _____

Allergies _____

Medication _____

Sight/Vision _____

Speech _____

Hearing _____

Dental _____

Other medical issues _____

IMMUNISATION

The immunisation certificate has been brought to school on enrolment Yes No

My child is (please tick):

Fully immunised Partly immunised Not immunised at all

OTHER INFORMATION

Custody Arrangements: _____

Has your child been stood down, suspended or excluded from another school? Yes No

If Yes, what was the reason? _____

Do you wish your child to attend the Mobile Dental Unit/Clinic at our school? Yes No

Permission to administer Pamol Yes No Permission to administer ibuprofen Yes No

A copy of my child's birth certificate has been brought to school on enrolment Yes No

PARENT/CAREGIVER Declaration

I/We acknowledge that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove your child.

I/We agree that our child shall abide by all School Rules and Regulations.

I/We understand the need to pay school costs.

I/We understand and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Kōrakonui School. If our child requires short term medication eg. Cough syrup / antibiotics, I/We will send a note which gives the school staff permission to administer this medication, the reason for the medication and will ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. Store in fridge). In the event of accident or sudden illness, I/We authorise the staff of Kōrakonui School to obtain such medical assistance as may be necessary.

I/We understand that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers.

I/We also agree to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

Signature: _____ Date: _____
(Parent/Caregiver)