

STUDENT ENROLMENT FORM

STUDENT DETAILS

Legal Surname:
Preferred Surname:
Legal First Name/s:
Preferred First Name/s:
Address:
Phone:

PARENT/CAREGIVER DETAILS 1

Title: Legal Surname:	
First Name:	Relationship to Student:
Residential Address: <small>If different from student</small>	
Occupation:	Workplace/Hours:
Phone Home:	Phone Work:
Mobile:	Country of Birth:
Email:	
Bill Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notice Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS

Emergency Contact Name 1:	Relationship to Student:	Ph Home:	Mobile:
Emergency Contact Name 2:	Relationship to Student:	Ph Home:	Mobile:

Name/s of Legal Guardian/s
Name of Bill Payer:
Name and age of siblings living with the student:

FAMILY INFORMATION

The student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian <input type="checkbox"/> Shared Custody
Are there any special access/issues that the school should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please explain:
Is there a court order issued: <input type="checkbox"/> Yes <input type="checkbox"/> No (if 'Yes' please provide a copy of the court order)
Has your child ever been suspended or excluded from school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If excluded, an interview with Principal is required)



PRIVACY APPROVAL

Privacy Statement: The school will use any information collected about you, your child or other members of your family for enrolment, educational, data-gathering and analysis, and health purposes, and to ensure compliance with relevant laws (the Purpose). Any information held by the school that relates to you or your child may be viewed on request at the school. The information collected may be disclosed to education, health and welfare authorities (including, by way of example, the Ministry of Education (MOE) and the Ministry of Social Development (MSD)) for the Purpose. The school will ensure that information is gathered and used in accordance with the principles of the Privacy Act and the Health Information Privacy Code. You give permission for images of your child to be published on the school web site to celebrate student work and communicate with our school community. You agree to the collection and use of information and images in the manner described in this statement.

OFFICE USE

	Academic <input type="checkbox"/>	NSN:
	Attendance <input type="checkbox"/>	Data Entered: / /
	Behavioural <input type="checkbox"/>	Other:
	Custodial <input type="checkbox"/>	
	Health <input type="checkbox"/>	
	Personal <input type="checkbox"/>	

<input type="checkbox"/> Boy <input type="checkbox"/> Girl DOB: / /	Current class/year level:
Previous School:	
Address:	
Ethnicity:	Iwi/Hapu:
1.	1.
2.	2.
3.	3.
Country of Birth:	Country of Birth (if not NZ):
Home Language:	Residency/Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus Route:	If no - Date NZ Entry:

PARENT/CAREGIVER DETAILS 2

Title: Legal Surname:	
First Name:	Relationship to Student:
Residential Address: <small>If different from pupil</small>	
Occupation:	Workplace/Hours:
Phone Home:	Phone Work:
Mobile:	Country of Birth:
Email:	

PARENT/CAREGIVER APPROVAL

I agree: That I have completed the Cambridge Middle School Health Consent form; to abide by the school's rules and policies; that my child's work and image may be used in accordance with the school's online publishing policy/procedures; that I have read, understood and agree to the Privacy Approval; that I have read, understood and agree to the Cyber Safe Consent and the provisions of the Use Agreement; that all information I have provided in this Enrolment Form and the Health Consent Form is true and correct; that the school may forward my child's name and address to potential immediate, middle and secondary schools; and that I have read, understood and agree to the following:

- ☐ I do wish for my child to be part of a BYOD class, but understand that places in these classes are limited and that my child may not be selected for these classes.
- ☐ I agree that if my child is selected for a BYOD class or will otherwise require a school Gmail account (as detailed in the information in the BYOD form), I have understood the information relating to GAFE and the rules that apply to my child's use of that account, consent to the opening of that account and approve the monitoring of and access to it by the school.

Parent/Caregiver Signature:
Date: / /

OFFICE USE

Teacher:	School admission no:
Room:	Date of Entry: / /
Additional Information:	



CAMBRIDGE
MIDDLE SCHOOL

HEALTH CONSENT FORM

This form is intended to collect additional health information and to the assist the school in the care of students while they are at school and/or outside of school during a school related activity. All information is held in accordance with the Privacy Act 1993. This form is important and parents/caregivers and guardians should take care in completing it.

CHILD'S NAME:	ROOM:
Medical Centre	Doctor:
Address:	Phone No:

Please indicate if your child suffers allergies to any of the following:

☐ Penicillin ☐ Bee Stings ☐ Wasp Stings ☐ Peanuts ☐ Food ☐ Other

If 'other' of 'Food' please state what:

Please indicate the severity of your child's allergy and treatment

☐ MILD ☐ MODERATE e.g. Swelling ☐ SEVERE e.g. anaphylaxis

Please tick if your child suffers from any of the following:

☐ Anxiety ☐ Asthma ☐ Bed Wetting ☐ Depression ☐ Epilepsy ☐ Fainting ☐ Heart Condition ☐ Hepatitis ☐ Migraine ☐ Nose Bleeds

☐ Seizures ☐ Travel Sickness ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Other

If other, please state:

Please indicate if you have a health plan (if 'YES' please provide a copy ☐ Yes ☐ No

Is your child taking tablets or medicine at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please state the name of the medication, dosages, known side effects, illness/disorder/disease for which the medication is administered and any other information may be important:	

I, Parent/Caregiver of the above named student AGREE to my child being given paracetamol if required for a headache or minor ailment by either the following Cambridge Middle School staff members: School Secretary, Finance Officer, Principal, Deputy Principal or Assistant Principal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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VACCINATION: Has your child had the following vaccinations: (Please provide a copy of your child's vaccination certificate.

☐ 6 weeks vaccination ☐ 3 months vaccination ☐ 5 months vaccination ☐ 15 months vaccination ☐ 4 years vaccinations ☐ 11 year vaccinations

☐ Date of Student's last Tetanus Shot:

Does your child wear a medic alert bracelet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If 'Yes' please give the medic alert identification number and state what for:

Dietary Requirements (not allergies, wellbeing or cultural):

Are there any special circumstances that your child's teacher, the teacher in charge of any activity outside of the school or any other teacher in the school (the 'Teacher in Charge') may need to know:

Special care recommended to be administered to your child:

Does your child have a physical condition that might affect classroom learning e.g. hearing, vision and/or speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If 'Yes' please state what:

I consent to my child's vision and hearing being tested	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How well does your child swim? ☐ Not at all ☐ A little ☐ Well

I, the parent/guardian/caregiver of my child declare that I: PLACE A CROSS (X) NEXT TO ANY OF THE BELOW LIST THAT YOU DO NOT AGREE TO.	
<input type="checkbox"/>	Authorise the Teacher in Charge to give consent to your child receiving any necessary medical or surgical treatment provided that the Teacher in Charge has made reasonable attempt (in the circumstances) to contact me using the information provided in the enrolment form before giving consent.
<input type="checkbox"/>	Agree that if prescribed medication needs to be administered, the Teacher in Charge or a person authorised by the Teacher in Charge may do this and that I will ensure that any such prescribed medication is clearly labelled, its packaging securely fastened and that it is handed (together with instructions on its administration) to the school or where the medication must be administered during an activity outside of the school, your child's teacher or the teacher in charge of that activity.
<input type="checkbox"/>	Agree that my child may receive any emergency medical, dental, or surgical treatment, including anaesthetic as considered necessary by a medical professional.
<input type="checkbox"/>	Agree that my child may receive an emergency blood transfusion, as considered necessary by a medical professional.
<input type="checkbox"/>	Agree to be responsible for any medical costs not covered by ACC or a community service card.
<input type="checkbox"/>	Agree that my child may (at the Teacher in Charge's sole discretion) be sent home (at my cost) if my child is involved in a serious disciplinary problem (including without limitation the use of illegal substances and/or alcohol, or actions that threaten the safety of others).
<input type="checkbox"/>	Agree that it is my obligation to contact the school to update the above details whenever necessary.