



Aoraki Mount Cook School

AIM HIGH

Student Enrolment Form

www.aoraki.school.nz

principal@aoraki.school.nz

5 Sebastopol Drive, Aoraki Mount Cook Village

SURNAME:	COUNTRY OF BIRTH:	
LEGAL FIRST NAME/S:	DATE OF ENTRY TO NZ (if not born in NZ):	
PREFERRED FIRST NAME:	CITIZENSHIP/RESIDENCY STATUS: <i>(Please provide copy of birth certificate or passport)</i>	
GENDER:		
DATE OF BIRTH	LANGUAGE/S SPOKEN AT HOME:	
PLACE IN FAMILY: of	PARENT 1's ETHNICITY:	
ELDEST IN FAMILY AT THIS SCHOOL: YES / NO	PARENT 2's ETHNICITY:	
HOME ADDRESS:	CHILD'S ETHNICITY: <i>(You may identify with up to 3)</i>	
	NZ Māori NZ Pākehā European Fijian Tongan Cook Island Māori	Samoa Other Pacific Island South East Asian Indian Japanese Other:
PREVIOUS SCHOOL/CENTRE:		
CURRENT YEAR LEVEL:		
SIBLINGS LIKELY TO ENROL AT AMCS:	lwi:	lwi:
NAME:	D.O.B:	
NAME:	D.O.B:	

CAREGIVER 1 <i>(this will be used as emergency contact 1)</i>	CAREGIVER 2 <i>(this will be used as emergency contact 2)</i>	
FIRST NAME:	FIRST NAME:	
SURNAME:	SURNAME:	
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	
ADDRESS:	ADDRESS:	
PHONE:	PHONE:	
EMAIL:	EMAIL:	
OCCUPATION:	OCCUPATION:	
WORK PLACE:	WORK PLACE:	
CHILD LIVES WITH:	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER	

If your child is a New Entrant, did they attend an Early Childhood Centre regularly prior to school? YES / NO

Please circle the type of ECE and enter the number of hours per week and years of attendance

Kindergarten Kohanga Reo Playcentre Playgroup Private Care Overseas Hours per week: No of Years:

Is your child fully immunised? YES / NO
Copy of Immunisation Cert YES / NO

LEARNING/BEHAVIOURAL NEEDS:

Has your child had a before school check? YES / NO

Vision/hearing concerns? YES /NO

SPECIALIST/RESOURCING/OTHER AGENCIES:

I consent to my child's hearing/vision being tested? YES /NO

Allergies/ Medication:

HEALTH ISSUES/OTHER INFORMATION:

Speech:

Family Dr & Practice:
Phone Number:

I give permission for the school to administer the following as needs arise:

Antihistamine Cream for bites/stings YES / NO

Anti-inflammatory cream for bruises, eczema, sunburn YES / NO

Published Materials: We regularly display children's work and photographs on our school website, on Class Dojo, in the newsletter and in other online and print environments (without labelling the photographs with the student's name).

I give permission for my child's work and image to be used in school publications/Class Dojo/Facebook etc YES / NO

EOTC: During your child's education at Aoraki Mount Cook School there will be many times when the class will visit local places of interest. We believe our immediate surroundings provide valuable opportunities for children's learning. Many places such as Governor's Bush, the Sir Ed Centre, and the DoC Visitor centre are all within walking distance of the school or a short distance in our school van. We will also, at times, visit Twizel for trips etc.

I give permission for my child to visit places within the area of Aoraki Mount Cook National Park, Glentanner Park, and Twizel YES / NO

Technology: During your child's education at Aoraki Mount Cook School they will be taught the use of apps/email/internet skills. Rules and guidelines regarding this are outlined in the Digital Technologies Responsible Use Agreement.

I give permission for my child to use apps, email and the internet YES / NO

We have read the Digital Technologies Responsible Use Agreement and support the school's right to remove digital technology access where there is a breach of the agreement YES / NO

Parent Consent: I consent in the event of illness, accident or emergency, when the school is unable to contact caregivers or other emergency contacts I have listed on this form, to allow the school to take necessary steps to ensure the appropriate treatment for my child.

Signed:

Date:

Attendance: I understand that the school requires punctual and regular attendance to meet the obligations to the Ministry of Education and that I must explain any absences by communication with the school office each day that my child is absent by 9.30am. You can report absences through email (principal@oraki.school.nz) or text/phone (02041440504).

Signed:

Date:

Policies: I agree to abide by all school policies and procedures as per our SchoolDocs (aorakimtkook.schooldocs.co.nz)

Signed:

Date: