



# Karaka School

EMBRACING LEARNING. BUILDING RESILIENCE. ACHIEVING EXCELLENCE.

"Ka whangaia, ka tupu, ka puawai."

12 BLACKBRIDGE ROAD, RD1 PAKAKURA, AUCKLAND 2580

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## STUDENT INFORMATION

SURNAME OF STUDENT:			
FIRST NAME OF STUDENT:		PREFERRED NAME:	
PHYSICAL ADDRESS WHERE STUDENT LIVING:			
AT TIME OF ENROLMENT IS THE STUDENT LIVING INSIDE THE KARAKA SCHOOL ZONE: YES / NO			
STUDENT LIVING WITH:		RESIDENCY / CITIZENSHIP?	
DATE OF BIRTH:		BOY OR GIRL:	
NATIONALITY:	ETHNIC GROUP:	HOME LANGUAGE SPOKEN:	
PLACE OF BIRTH:		FAMILY IWI AFFILIATION: (Maori students only):	
<b>PARTICIPATION IN EARLY CHILDHOOD EDUCATION</b>			
<p>Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended. Instructions:</p> <p>1. If the child was attending more than one service <i>at the same time</i>, please enter hours per week for up to three services.</p> <p>2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the <i>last service only</i>, not both.</p> <p>3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of <b>hours per week</b>.</p>			
Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School - Te Aho o Te Kura Pounamu			
<b>Or Please tick the appropriate box</b>			
g. Attended, but only outside New Zealand			
h. Attended, but don't know what type of service			
i. Did not attend			
j. Unable to establish if attended or not			
<p>Did the child regularly attend Early Childhood Education? Name of Centre .....</p> <p>Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.</p> <p><input type="checkbox"/> Yes, for the last ___ year(s).      <input type="checkbox"/> Not regularly, only occasionally with no on-going schedule.      <input type="checkbox"/> No, did not attend ECE.</p>			
OTHER NZ PRIMARY SCHOOL ATTENDED (and address):		CURRENT YEAR LEVEL	
OTHER DETAILS:			
LEARNING & BEHAVIOUR NEEDS: _____			
SPECIAL NEEDS (BACKGROUND/FUNDING) e.g. ESOL, ORRS _____			
OTHER INFORMATION/REQUESTS: _____			
NAMES OF OTHER FAMILY MEMBERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE NEAR FUTURE:			
Child's Name: _____		D.O.B. _____	
Child's Name: _____		D.O.B. _____	

## PARENT/CAREGIVER INFORMATION

### MOTHER / CAREGIVER

NAME OF MOTHER MISS / MS / MRS:		
PHYSICAL ADDRESS:		POSTAL ADDRESS: (If Different from Physical Address)
OCCUPATION:		COMPANY NAME:
HOME NO:	WORK NO:	MOBILE No:
HOME FAX NO:	E-MAIL ADDRESS:	
<b>FATHER / CAREGIVER</b>		
NAME OF FATHER:		
PHYSICAL ADDRESS:		POSTAL ADDRESS: (If Different from Physical Address)
OCCUPATION:		COMPANY NAME:
HOME NO:	WORK NO:	MOBILE NO:
HOME FAX NO:	E-MAIL ADDRESS:	

### ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF:

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (Please attach copies of any relevant Court Papers)
_____
COURT ORDERS ISSUES: Yes/No    EXTRA COPIES OF SCHOOL REPORTS TO: _____

### EMERGENCY CONTACT (To be someone other than Parents)

NAME:		
ADDRESS:		
HOME NO:	WORK NO:	MOBILE NO:
RELATIONSHIP TO STUDENT:		

DOCTOR:	PHONE NO:
DENTIST / DENTAL CLINIC	
MEDICAL PROBLEMS/MEDICATION: (I consent to my child's vision and hearing being tested)    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies: _____	Medication: _____
Hearing: _____	Sight: _____
Speech: _____	Serious: _____    Problems: _____
Immunisation Certificate Attached: Yes / No	

*The school collects the information on this form to enrol your child at school, assess the educational needs of your child and to ensure the school gets the correct resources from the Ministry of Education for your child. The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your information to the Ministry of Education and other education and health agencies including the Ministry of Social Development as part of the Youth Service initiative. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law. Please contact the school if you want to view or change your child's information. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.*

**KARAKA SCHOOL OFFICE MUST HOLD A COPY OF EITHER THE STUDENT'S BIRTH CERTIFICATE OR PASSPORT. YOU MAY BE ASKED FOR PROOF OF RESIDENCE WITHIN THE KARAKA SCHOOL ZONE**

Parent or sibling previously attended Karaka School? Yes / No    Name: \_\_\_\_\_    Year \_\_\_\_\_

Signature of Parent/Caregiver \_\_\_\_\_    Date: \_\_\_\_\_

### THIS SECTION IS FOR KARAKA SCHOOL OFFICE STAFF TO COMPLETE

ENROLMENT NO:	ENROLMENT DATE:	YEAR LEVEL:
NSN NO:	ROOM NO:	BUS    YES / NO
HOUSE	TEACHER	
ENTERED ON ENROL YES / NO		RECORDS REQUESTED (date):