

The background of the entire page is a photograph of five children standing on a wooden playground structure. The scene is dimly lit, suggesting dusk or dawn, with a deep blue sky. The children are positioned across the structure, some leaning on the railings. The overall mood is calm and community-oriented.

LYTTON

STREET SCHOOL

ENROLMENT FORM

Kia Ora Kia Tahi, Kia Tahi Kia Ora

Together, we Live to Learn and Learn to Live

Student Details

Child's Surname	
First names	
Preferred name	
Date of Birth	
Date starting at LSS	
Language spoken at home	

Previous School or Early Childhood

Education Centre attended:	ECE hrs per week	No. of years attended

Gender <i>(Please tick)</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> NZ Maori	<input type="checkbox"/> NZ European
	Iwi: <input type="text"/>	Other: <input type="text"/>

Currently involved with <i>(Please tick)</i>	<input type="checkbox"/> RTLB	<input type="checkbox"/> RT Literacy
	<input type="checkbox"/> Reading Recovery	<input type="checkbox"/> CAFS
	<input type="checkbox"/> Maori Mental Health	<input type="checkbox"/> ORS
	<input type="checkbox"/> High Health Needs	<input type="checkbox"/> Other: <input type="text"/>

Residency/Citizenship <i>(Please tick)</i>	<input type="checkbox"/> NZ Resident/Citizen	
	<input type="checkbox"/> NZ Immigrant, Date entered NZ	<input type="text"/>
	<input type="checkbox"/> NZ Refugee, Date entered NZ	<input type="text"/>

Learning and/or Behaviour Needs	<input type="text"/>
Medical Conditions <i>(Please include any treatments and/or special requests)</i>	<input type="text"/>

Documentation *(Office to complete)*

Birth Certificate/Passport sighted: <i>(New Entrants only)</i>	Immunisation Certificate sighted:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolment NSN #: <input type="text"/>	Admission #: <input type="text"/>

Family Details

Parent/Caregiver 1

Name:

Relationship to student:

Phone numbers:

Home: Work: Mobile:

Residential Address:

Postal Address:
(If different from above)

Email address:

Place of work

Parent/Caregiver 2

Name:

Relationship to student:

Phone numbers:

Home: Work: Mobile:

Residential Address:
(If different from Parent/Caregiver 1)

Postal Address:
(If different from above)

Email address:

Place of work

Emergency Contact

Name:

Relationship to the student:

Phone numbers:

Home: Work: Mobile:

Address:

Family Doctor:

Practice/Address:

Future Siblings to Attend/Current students Attending Lytton Street School

Name	Current	To Attend. Date of Birth	Male/ Female	Early Childhood Education Centre attending <i>(If known)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Standard Consents

By signing this form we consent to the following:

In the event of an accident or sudden illness, I/we authorise the staff of Lytton Street School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

Yes No

I/we give permission for staff at Lytton Street School to administer pain relief or other medication as listed on this child's records, if required.

Yes No

I/we give permission for this child to undergo vision and hearing testing.

Yes No

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse.

Yes No

I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies?

Yes No

I/We give consent for this child to participate in local walking trips/visits without my prior knowledge?

Yes No

I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for promotional purposes in the schools newsletters, website and school social media apps.

Yes No

I am happy to receive the weekly school newsletter via email rather than a hard copy coming home (please ensure your email is included).

Yes No

Signed:

(Parent/caregiver)

NOTE: The Ministry of Education shares this enrollment information about 5 year olds with Ministry of Health professionals as part of the B4 School Check Ministry Health initiative.