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 *(Please tick)* ☐ Male ☐ Female

Ethnicity ☐ NZ Maori ☐ NZ European

Iwi: Other

Currently involved with *(Please tick)*

☐ RTLB ☐ RT Literacy

☐ Reading Recovery ☐ CAFS

☐ Maori Mental Health ☐ ORS

☐ High Health Needs ☐ Other:

Residency/Citizenship *(Please tick)*

☐ NZ Resident/Citizen

☐ NZ Immigrant, Date entered NZ

☐ NZ Refugee, Date entered NZ

Is English your child's first language? ☐ Yes ☐ No

Please list the language(s) spoken and written at home:

What is the best way for us to communicate with you about your child's learning?

☐ in person ☐ via text message ☐ via phone call ☐ via email

Learning and/or Behaviour Needs

Medical Conditions (Please include any treatments and/or special requests)

Documentation *(Office to complete)*

Birth Certificate/Passport sighted: *(New Entrants only)*

☐ Yes ☐ No

Enrolment NSN #:

Immunisation Certificate sighted:

☐ Yes ☐ No

Admission #:

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 *(If known)*

LYTTON STREET SCHOOL

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.

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