



GLENVIEW SCHOOL

Bruce Avenue
Glenview
HAMILTON

Tama Tu Tama Ora
“Stand upright, be bold”

Phone (07)843 - 5598
www.glenview.school.nz

Student's Personal Information

Legal First Names: _____ Legal Surname: _____

Preferred First Name: _____ Preferred Surname: _____

Gender: Male / Female (Circle) Date of Birth: _____ Current Year Level: _____

Previous Primary School's Name or New Entrant Pre-School (ECE): _____

Ethnicity: Maori */ NZ European / Samoan / Fijian / Chinese / Korean / Indian / African / South African / British

Other: _____ What Language do you speak at home: _____

*please tell us what Iwi/s you belong to: _____

STUDENT ELIGIBILITY TO ENROL AS A NZ DOMESTIC STUDENT:

- Is the child a NZ citizen? Yes / No
 If YES, please provide a **NZ Birth Certificate, Passport or Citizenship Cert**
 If NO, please provide evidence of a **NZ Resident Visa or Student Visa**
- Is the child a NZ Resident? Yes / No
 If YES, please provide evidence of **NZ Resident Visa**
 If NO, please provide evidence of a **Student Visa**
- If your family are immigrants to New Zealand, please supply date of entry: _____
 If one or both parents are migrants to New Zealand, please supply supporting immigration documentation i.e. Parents Passports and Child's Birth Certificate (for funding purposes only)

NOTE: A NZ Birth Certificate, NZ Passport, NZ Citizenship Certificate, NZ Resident or Student Visa, along with an Immunisation Record (if applicable). MUST be sighted and a copy taken by the School Office.

Does your child have any Learning or Behaviour Needs the school needs to be aware of? _____

Does your child have any Special Needs (please include details on any Support Agencies)? _____

Is there any additional information about your child that would be useful for the school to know eg interests, hobbies?

Home Address

Home Address: _____

_____ Postcode: _____

Telephone: (Home) _____ Preferred Mobile No: _____

E-mail address: _____

Parent(s) or Caregiver(s) Information

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ (Mobile): _____

Postal Address: _____ Postcode: _____
(if different from above)

Occupation: _____

Work Name: _____ Work Phone Ph: _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ Mobile): _____

Postal Address: _____ Postcode: _____
(if different from above)

Occupation: _____

Work Name: _____ Work Phone Ph: _____

Emergency Contact Details: (Must be completed)

Please list 2 alternative local people in Hamilton we can contact in case of an emergency (medical or a Civil Defence) in the event we are unable to contact parents or caregivers. e.g. Aunty, Uncle, Friend etc.

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Ph: (Home) _____ (Mobile): _____ Work Ph No: _____

Living Arrangements

Who does your child live with? (eg Mother and Father, Father and Grandmother): _____

Court Order Issued? Yes / No

Are there any Custody / Access Arrangements the school should be aware of: _____

A copy of the legal document (Court/Parenting Order) pertaining to this must be provided to the school.

Please tell us of any other caregiver arrangements the school should know (eg shared care details)

Health and Medical

Doctor's Name: _____ Medical Centre: _____

Phone No: _____

Does your child have any **SEVERE** Medical Conditions the school must know about? _____

Does your child have any other Medical Conditions? _____

Treatments? Please indicate if this student has any specific medical treatments _____

Please complete a Medication Notification/Consent Form from the School Office

Allergies? Please indicate if this student has any allergies _____

Has your child been immunised? Yes / No (Please provide the school with a copy of your child's immunisation records)

I give consent to the administering of First Aid when necessary? Yes / No

I give consent to my child's vision and hearing being tested? Yes / No

General Family Information

Are there any other children in your family likely to/or who are currently attending Glenview? Yes / No

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Early Childhood Education (ECE) Participation – For New Entrants Only

Was ECE regularly attended? No / Yes, but not regularly / Yes, regularly

Did your child attend an early childhood education service in the 6 months prior to starting school? Yes / No

Please enter the number of hours per week for up to three services (a-f) or tick the appropriate box (g – i)	ECE 1 (hrs/week)	ECE 2 (hrs/week)	ECE 3 Hrs/week)
a) Kōhanga Reo			
b) Playcentre			
c) Kindergarten or Education and Care Centre			
d) Home Based Service			
e) Playgroup			
f) Correspondence School – Te Aho o Te Kura Ponamu			

OR

Only tick the following boxes if ECE hours section above is not complete	
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	

Consents

I agree to the Glenview School Digital Technology Use Agreement (please read the Digital Technology Use Agreement on the next page).	Yes No
I give permission for my child to go on day trips to places such as the museum, zoo, supermarket, school/interschool sports events, etc.	Yes No
I understand I may withdraw my permission (in writing) at any time for any event or trip.	Yes No
I give permission for the school to request extra `help for my child from the following Support Services; I understand that I will be told if extra help is needed for my child. <ul style="list-style-type: none"> • Resource Teacher of Learning Behaviour • Group Special Education • Resource Teacher of Literacy • Speech Language Therapy 	Yes No
I give permission for my child to be involved in withdrawal groups. (School based special needs, GaTE programmes etc	Yes No
I give permission for my child's name, work and photo to appear in local media (newspapers, school "e" newsletter and website.	Yes No
I give permission for my child to attend Religious Education.	Yes No
I give permission for my child to have milk two days a week through the Milk in Schools programme. I understand I can withdraw my permission for this in writing at any time.	Yes No

Glenview School Digital Technology Use Agreement

Glenview School are using a Digital Agreement model for supporting safe and responsible use of the internet and related technologies for teaching and learning, as well as the care and correct use of the school's digital devices.

An important part of this is that we are able to show others what responsible use looks like while we are using technology in our learning. We think a good digital citizen is someone who;

Is a confident and capable user of ICT.

Will use ICT for learning as well as other activities.

Will think carefully about whether the information they see online is correct and factual.

Will be able to speak the language of digital technologies.

Understands that they may experience problems when using technology but can deal with them.

Will be honest and fair in all of their actions using ICT.

Will always respect people's privacy and freedom of speech online.

Will help others to become a better digital citizen.

Because we know this is important for us, all students at school agree to use the internet and other technologies in a safe and responsible way by following the rules laid out in this agreement. If someone cannot agree to act responsibly, then we may restrict them from using the internet or other technology at school.

Laptop and Ipad Use Agreement

- I will know where my laptop/ipad is at all times.
- I will only carry one device at a time and I will hold it flat with two hands.
- I will use the laptop/ipad for educational purposes only and websites used will be of educational benefit. If I come across inappropriate information/websites or am unsure of where I am on the internet, I will notify the teacher straight away.
- I will respect the equipment and endeavour to keep it safe, including not leaving it on the floor and not having food and/or drink near the device.
- I will not deface the device in any way. This includes, but is not limited to, marking, scratching, painting, drawing, attaching stickers, or marring any surface.
- I will not change screensavers, backgrounds or other settings.
- I will be responsible for ensuring the device is correctly shut down and put in the right place at the end of a teaching session.
- I understand that my gmail account is school property. Teachers can access my account at any time and are able to monitor my use.
- I will produce work and use this space in a way that I would be proud to show my teacher.
- I will keep my password private from other students and not change it. Teachers will know all passwords.
- I will not use school gmail accounts to set up other accounts on the internet without teacher permission, e.g. registering for a Prezi or Facebook account.
- Failure to follow the agreed etiquette will result in the suspension of my school google account and removal of my privilege to use a school digital device.

Storage & Booking

Laptops will be stored in the provided COWS in the allocated teaching spaces.

Only the senior students are allowed to connect chargers.

Chargers will be connected to all laptops at the end of each day.

Student Declaration

I _____ understand that these guidelines for using Glenview School Devices are to be followed when using any technology whilst at school or for any school activity. I understand that if I breach this Use Agreement, I may lose access to school ICT services including the use of the internet.

Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected maybe disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Parent Declaration

I have read and accept the privacy statement above. I understand that any information provided about my child will be used to assist my child according to the provisions of the Privacy Act 1993. I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school. All information that I have provided is true and correct.

Name of Parent: (Guardian) _____

Parent/Caregiver Signature _____ Date _____

Office Use only

Students NSN:		Enrolment Number:	
Year Level:		Date of Entry/Exit:	
Teacher:		Enrol Updated:	
Room:		Records Requested:	
Library Informed:		Records Received:	