

**LAKEVIEW SCHOOL** -Te Ore Ore Road, (PO Box 265) Masterton

Phone: (06) 377 1867

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<b>ENROLMENT FORM:</b>		Admission No:	Start date Lakeview:
SURNAME:		FIRST NAMES:	
Date of Birth:	Gender M / F	Birth Cert copied (Where applicable)	YES / NO
Ethnic Group: (e.g. Maori, NZ European, Samoan)		IWI:	
Current Year Level:	Siblings at Lakeview:	Has your child had a Before School Check	YES NO
Born in NZ: YES / NO ( If NO supply evidence of Immigration status)		Country of Birth:	
Date of Entry to NZ:		First Language:	
Early Childhood Education participation (new entrants only):			
IMMUNISATION Complete / Incomplete / Don't know (New Entrants only)		Certificate produced YES / NO	
Mother's Name: Address (if different to below) Wk/Ph: Cell Ph:		Mother's email address:	
Father's Name: Address (if different to below) Wk/Ph: Cell Ph:		Father's email address:	
Child's Home Address:		Home Ph:	
Who is the child Living with: Relationship to child:		Contact No. if different to above:	
Previous School Attended: (where applicable)			
Special Circumstances: Custody arrangements / Court orders:  Legal Guardian  Other Guardian			
Emergency Contact Name:		Relationship to child:	Hm Ph:  Cell Ph:
Doctor:	Hearing / Vision information: (e.g. glasses)	Dental Clinic attended:	
Health Condition: (Allergies, medication taken):  Medication Held at school:			

House Name:	
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**I agree:**

- That my child will abide by all school guidelines, policies & rules
- To ensure that my child will consistently wear correct Lakeview School uniform
- That I will pay all fees that are required of my child
- I agree to attend the 4 sessions of the 'Reading Together Programme' at the beginning of term 1 or term 4 – Please tick preferred option:
  - *day sessions*
  - *night sessions*

**I give permission:**

- That my child can leave Lakeview School on various excursions which are within walking distance, however if weather is not suitable can be transported.
- For Lakeview School to record and use my child's image and voice. While many images are for internal use, they may become public through publications i.e. newsletters, photo displays, newspaper and magazine articles, website, blogs, facebook, etc.
- In the case of a headache the school has permission to administer pain relief (every effort will be made to contact you first).

**Public Health Nurse**

The public nurse runs a 'drop in' school clinic at school. This clinic gives the student, yourself and teachers the opportunity to address any concerns in relation to the student's physical and mental health.

- I give permission to my child/child being seen at school by the Public Health Nurse

**Security**

The school has cameras operating in public places 24/7 to safeguard school property from vandalism etc.

- I give permission that the footage will be viewed from time to time for various reasons.

➔ **SIGNATURE OF PARENT/GUARDIAN**

*I understand, agree and give permission to the above which will remain in force as long as enrolled at this school.*

**Office use only**

<b>Teacher:</b>	<b>Enrol</b>	
	<b>Student Manager</b>	
<b>Room:</b>	<b>Records Requested</b>	