



Te Kura o Tikorangi - Portland School

Portland School will provide the opportunity for everyone to reach their potential in a safe and caring environment.

Please complete and return the following (one pack per student).

Pack includes,

- Pupil Enrolment form
- Permissions form
- Bus Run
- **Please supply: Birth Certificate or number** (Without this your child can not start school)
- **Please supply: Immunisation card/book**

If you have any questions or queries please do not hesitate to ask.

Portland School is part of the Donations Scheme and comply with Ministry requirements, which means parents/carers do not have to make voluntary donations except for school camps.

Kind regards,

Carol Clunie

Office Administrator
Portland School
09 432 2897

Office Use Only

Date _____

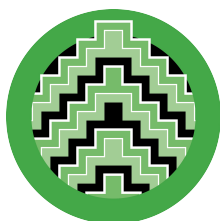
Parent/s – Caregiver/s Name _____

Suburb _____

Contact Number _____

Child/s Name & Age _____

- Bus pick up/drop off required - YES/NO



PORTLAND SCHOOL - ENROLMENT FORM

STUDENT DETAILS

Family Name

Given Names

Date of Birth

Male

Female

Birth Certificate No

Place in Family

Ethnicity

Iwi

Previous School

Pre-school/Daycare

ORS Number

Funding Level High

Very High

ADDRESSES

Parents

Mum

Dad

Address

Home phone

Mum mobile

Dad mobile

Mum work

Dad work

Mum email

Dad email

EMERGENCY CONTACTS

Emergency Contacts must be provided in case we can not get a hold of you

Name

Relationship to child

Contact number

Name

Relationship to child

Contact

MEDICAL DETAILS

Diagnosis
(if known)

Was child premature

Yes

No

Any other medical conditions we should know about?
(Asthma, allergies, hearing, vision etc)

Does your child have any drinking, eating or swallowing problems?
(if so please explain)

MEDICAL CONDITIONS CONTINUED

Does your child take regular medication? Yes No

Please list

When taken

Hospital number

Fully Immunised

Partially Immunised

Documentation
Provided

Doctor

Medical Centre
Address

Phone Number

Is your child known to Child Health Clinic? Yes No

Paediatrician / Physiotherapist / Occupational Therapist / Speech Language /
Psychologist (please circle)

Name of
Therapist

Are there any agencies involved with your child? Yes No

Agency

Phone number

Email

EMERGENCY PROCEDURE

Clinical notes Yes

No

1

2

3

Medication

Amount

When given

CUSTODY ISSUES

Are there any custody issues, court orders or mutual arrangements relating to your child? (if yes provide details) **Legal documents are required for court order or Protection orders.**

GENERAL INFORMATION

Is there anything else you would like us to know?

PORTLAND SCHOOL - PERMISSION TO SHARE INFORMATION

Family Name

Given Names

In the terms of the **Privacy Act 2020**, I hereby give permission for the Principal of Portland School to share relevant information about my child with the following professional groups on the “need to know” basis.

- School teaching and support staff
- Ministry of Education - Learning Support
- Social Worker in Schools - SWIS
- Public Health Nurse - PHN
- Oral Health Service
- Hearing & Vision Testers
- Advisors for Deaf children
- Advisors for Blind children
- Oranga Tamariki - MVCOT - Ministry for Vulnerable Children
- Contacting child's General Practitioner - GP
- Resource Teacher Learning & Behaviour - RTLB
- Learning Support Co-ordinator
- Other professionals approved by the Principal

In all cases I require the Principal of Portland School to exercise good judgement in releasing such information, having regard for confidentiality and the benefits for my child.

Name

Signed

Date

PERMISSION INFORMATION FORM

CHILDS NAME:

It is a requirement that parental consent is gained annually to enable students to fully participate in all areas of the school curriculum. I understand that any information provided about my child will be used to assist my child and will be used according to the provisions of the Privacy Act 2020.

PLEASE INDICATE YOUR AGREEMENT BY CIRCLING EITHER YES OR NO - SIGN AND DATE FORM.

LOCAL EDUCATION OUTSIDE THE CLASSROOM

I give permission for my child to join in class trips that arise as part of the classroom programme. This is for supervised trips in school time which include walks in and around our community.

Individual permission will be sought for overnight trips and excursions.

YES

NO

PHOTO PERMISSION

I give permission to use photographs of my child while taking part in various activities at school including social or sporting events etc. These photos could appear on our school's website, Facebook and local media.

YES

NO

SEE SAW

YES

NO

INTERNET SAFETY

I give permission for my child to access the internet for educational purposes under staff supervision.

YES

NO

SWIMMING

I give permission for my child to access supervised swimming as part of the school curriculum.

YES

NO

PAMOL / PANADOL

I give permission for my child to be given Pamol/Panadol at school.

YES

NO

Name: _____

Signed: _____

Parent / Caregiver

Date: _____