



**Pomaria Primary  
School**  
33a Pomaria Road  
Henderson  
Auckland

<b>Office Use Only</b>		<b>Enrolment Number:</b>	
<b>Start Date:</b>		<b>Entry Year Level:</b>	
<b>Teacher:</b>	<b>Room:</b>	<b>NSN:</b>	
<b>Special Requirements:</b>		<b>eTap</b>	<b>Enrol</b>

<b>Students Name:</b>	
<b>Gender:</b> Male                  Female	<b>Date of Birth:</b>
<b>Address</b>	
<b>Home Phone:</b>	<b>Mobile Phone Number:</b>
<b>Ethnic Group:</b>	<b>IWI:</b>
<b>First Language:</b>	<b>Other Languages:</b>
<b>Place in the Family: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</b>	<b>Siblings at Pomaria:</b>

<b>Proof of Eligibility:</b>	<b>Birth Certificate Number:</b>	<b>Passport Number:</b>
<b>Country of Birth:</b>	<b>Arrival in New Zealand:</b>	
<b>If the child was not born in New Zealand please provide a copy of current valid visa - Visa Number:</b>		

<b>Parent/Caregiver 1</b>	
<b>Name:</b>	<b>Home Phone Number:</b>
<b>Address if different from above:</b>	<b>Mobile Phone Number:</b>
	<b>Work Phone Number:</b>
<b>Occupation:</b>	<b>Email Address:</b>
<b>Relationship to Child:</b>	<b>Country of Birth:</b>

<b>Parent/Caregiver 2</b>	
<b>Name:</b>	<b>Home Phone Number:</b>
<b>Address if different from above:</b>	<b>Mobile Phone Number:</b>
	<b>Work Phone Number:</b>
<b>Occupation:</b>	<b>Email Address:</b>
<b>Relationship to Child:</b>	<b>Country of Birth:</b>

## STUDENT HEALTH RECORD

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### Authorisations & Declaration:

Upon enrolling my child at Pomaria Primary School I agree to abide by the rules and regulations of the school and to ensure that the correct uniform is worn at all times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DOCUMENTATION:

I will provide the school with documentation relating to my child's date of birth, immigration status and proof of permanent residential address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNET/SOCIAL MEDIA:

I authorise Pomaria Primary School to publish images of my child on the internet/social media, as well as any work he/she may have created. I agree that this consent shall continue until I withdraw my consent by notice to the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNET USE:

I acknowledge that the computing and technology resources at Pomaria are designed for educational purposes, and any breach of the rules could result in the loss of privileges, disciplinary action, cost to replace or repair.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SHORT TRIP PERMISSION:

I give permission for my child to go on short trips within walking distance of the school or a bus ride to another school. You will be informed of all trips and it's purpose and given opportunity to withdraw your child for any legitimate reason

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY STATEMENT:

The information on provided on this form is collected to form a part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the educational needs of the child and ensuring the educational and physical needs of your child are met.

First Emergency Contact:	Doctors Name:
Relationship to Child:	Medical Centre:
Home Phone Number:	Telephone Number:
Mobile Phone Number:	
Work Phone Number:	

Second Emergency Contact	Third Emergency Contact
Relationship to Child:	Relationship to Child:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Work Phone Number:	Work Phone Number:

Does your child have any of the following conditions?	Yes	No	Severity of Condition:	Medication Required:
Asthma			Mild/Moderate/Severe	
Diabetes			Mild/Moderate/Severe	
Rheumatic Fever			Mild/Moderate/Severe	
Eczema			Mild/Moderate/Severe	
Hearing Loss			Mild/Moderate/Severe	
Heart Condition			Mild/Moderate/Severe	
Allergies			Mild/Moderate/Severe	
Does your child have an allergic reaction to:	Yes	No	Severity of Condition:	Medication Required:
Food			Mild/Moderate/Severe	
Medication			Mild/Moderate/Severe	
Stings			Mild/Moderate/Severe	
Other			Mild/Moderate/Severe	

Does your child have any health concerns or medical issues we need to be aware of?

## IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY:

1. I give permission for my child to receive Panadol
2. If the School is unable to contact me, or if the accident is serious, I give permission for the School Management to take my child to the Accident and Emergency.
3. I give permission for the School to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any cost involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Placement Interview

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**(OFFICE USE ONLY)**

**Interviewed by:** \_\_\_\_\_

**Recommended Teacher:** \_\_\_\_\_

**Medical Requirements:** \_\_\_\_\_

**Additional Learning Support:**                      RTLB                      SLT                      SCC                      MOE

**Other Interests:** Music / Sport / ART / ICT  
\_\_\_\_\_

**Sporting Interests:** \_\_\_\_\_

**General Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous School Comments:**  
\_\_\_\_\_  
\_\_\_\_\_