

Mayfield School Admission Form

Confidential Information to be completed for each child by a Parent/ Caregiver. This information is private and only to be used by the school for administration and logistic purposes.

Student Information

Legal Family Name: Preferred Family Name:	Legal First Names: Preferred First Name:
Date of Birth: Verified Birth Certificate Yes No	Name of Pre School: How many years and hours attended: Yrs: Hours: Or (attended) (per week) Name of Previous School: City/Town
Expected Start Date at Mayfield School:	(circle one) Male Female
Preschool Sibling/s Names and Date/s of Birth:	Address (where child lives): Home Phone (where child lives):

Ethnicity - Please complete the appropriate box for your child (3 ethnicities can be entered):

NZ Pakeha/ European	NZ Maori -Please specify Iwi	Pacific Island -Please specify	Asian -Please specify	Other -Please specify
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Place of Birth A Birth Certificate or Passport must be provided at enrollment for identification purposes.

Born in New Zealand
 Born in New Zealand -though one or both parents were born in another country (specify country _____)
 Not born in New Zealand, Migrant status (country of birth _____)
 Not born in New Zealand, Refugee status (country of birth _____)

Languages

Student can speak:

English Te Reo Maori NZ Sign Language Pacifica (please specify _____)
 Asian (please specify _____) Other (please specify _____)

Languages spoken at home:

English Te Reo Maori NZ Sign Language Pacifica (please specify _____)
 Asian (please specify _____) Other (please specify _____)

Parent or Caregiver Information (Primary Caregiver):

Relationship to Student (circle one) Mother Father Other (specify _____)

First Name: _____ Surname: _____

Address (if different from above): _____

Home Phone: _____ Cell phone: _____

Email: _____

Parent or Caregiver Information:

Relationship to Student (circle one) Mother Father Other (specify _____)

First Name: _____ Surname: _____

Address (if different from above): _____

Home Phone: _____ Cell phone: _____

Email: _____

Office Use Only

<input type="checkbox"/> Student Information completed	<input type="checkbox"/> Birth Certificate or Passport copy taken	<input type="checkbox"/> Ethnicity, Place of Birth & Languages completed	<input type="checkbox"/> Parent/Caregiver Information completed
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Medical and Health Information

Family Doctor: _____

Medical/ Health Information or Conditions: (please list any medical/ health conditions or needs that the students has)

Do you give the school permission to give your child panadol? YES NO
 Will medication for any of these conditions be required to be held at Mayfield School? YES NO
 If YES, Will a Mayfield School staff member be required to administer any of the medication? YES NO

NOTE: Any medication to be held at Mayfield School for a student, is to be supplied, maintained and checked by the parents/ caregivers of that student (it is not the responsibility of Mayfield School staff to do this).

Immunisation

Immunisation Certificate presented to Mayfield School.
 An Immunisation certificate is required for all pupils born from 1995 onwards. If not - a certificate is needed whether or not your child is immunised. A doctor or nurse can help you with getting a new certificate (even if the old one is lost). This must be presented to the school for information to be transferred to the Immunisation Register

Emergency Situations

In cases of a medical/ health emergency when a parent/ caregiver cannot be contacted permission is given for Mayfield School to take the student to hospital A&E.

Emergency Contact Information

Please provide the phone number and details for an authorised person/s to whom the student may be released in a civil defence emergency or when the above mentioned caregiver/s cannot be contacted and/or the student is unable to remain at school (for medical/health reasons).

First Name: _____ Surname: _____
 Relationship to student: _____ Phone Number: _____

 First Name: _____ Surname: _____
 Relationship to student: _____ Phone Number: _____

General Information

How will your child mostly travel to and from school?
 Walk Bike Scooter/ Skate Car Taxi Bus/van (e.g. OSCARs)
 Other (please specify _____)

Are there any custody or court orders limiting access to the student? NO YES
 (If YES please specify and provide a copy to the office)

My child is good at or enjoys:

My child struggles with or needs help with:

Any further information the school may require:

Authorisation

- I have read and understand the Mayfield School Authorisation Information document (regarding trips, social media and advertising, digital devices, behaviour management, and complaints).
- The information provided on this Mayfield School Admission form is true and accurate (to the best of your knowledge).

Parent/ Caregiver Signature: _____ Date: _____

Office Use Only

<input type="checkbox"/> Health/ Medical Information completed	<input type="checkbox"/> Immunisation Certificate sighted	<input type="checkbox"/> Emergency Contacts and A&E Authorisation	<input type="checkbox"/> Parent/Caregiver Authorisation Signed
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Mayfield School Free and Healthy School Lunches

Allergies and Intolerance Information

Mayfield School is part of the Ministry of Education Free and Healthy School Lunches Programme.

To make sure we are providing lunches for your child that are safe, as well as delicious, we need to know the following information:

Child's name: _____

Does your child have any food allergies? Please list them here:

Does your child have any food intolerances.?

That is, they may not be allergic to the food, but the food makes them feel unwell.

Are there food restrictions due to Ethical and Religious Beliefs?

This is very important information that we need, to make sure your child has a safe and healthy lunch provided every day. It is essential that you return this completed notice to the school office. Thank you for supporting this initiative.

Community Oral Health Service Marlborough Pre-Enrolment

Date: _____

Children are entitled to free dental care from birth until they are 18 years old.

Please complete this form if your child is not enrolled.

Child's Name: _____
(Boy/Girl)

Date of Birth: _____

Please cross out the ones that do not apply to you below

Eligible for Health Care in NZ: Yes/No

NZ Citizen NZ Resident Work Visa, 2 years or more

Address: _____

Phone Numbers: _____

Parent/Caregiver Name: _____

If you have not been contacted by the Community Oral Health Service by the time your child turns 2, please phone for an appointment.

Phone 0800 833 849

Please return this form to Blenheim Community Oral Health Clinic
Corner of Nelson and McLauchlan Streets
Or post to, PO Box 46, Blenheim 7201
Or email to adminmarlborough.cohs@nmdbd.govt.nz

Healthy Smile - Healthy Child
Ka ora te menemene, ka ora te tamaiti

it's **easy** to protect your family's **smile**

tips for a healthy smile

- Brush twice a day with a fluoride toothpaste
- Choose healthy sugar free snacks and drinks
- Have regular dental checkups

FREE DENTAL CARE
0-17-Years
0800 TALK TEETH
0800 825 583