



Mercury Bay Area School Enrolment Information

For more information visit - <https://mbas.ac.nz/our-school/enrolments>

Year _____	Teacher _____
Pre Enrol # _____	Id# _____
House _____	

Student Details

Surname _____	First Names _____	Preferred Name _____
Gender _____	Date of Birth _____	Enrol Date/ First Day of Attendance _____
F / M _____	_____ / _____ / _____	_____ / _____ / _____
Ethnicity _____	Iwi _____	
Address _____		Phone _____
Postal Address (if different) _____		
Email address (for newsletter / correspondence) _____		NSN (if known) _____
A copy of the student's Birth certificate or passport is required. Birth Cert (<input type="checkbox"/>) Passport (<input type="checkbox"/>) Number _____		
NZ Citizen /Resident or Aust. Citizen? NZ (<input type="checkbox"/>) or AUS (<input type="checkbox"/>)		Students born outside NZ -Country of birth _____
<i>(if not provide details below)</i>		
Do you hold NZ residency or a student visa? Y (<input type="checkbox"/>) or No (<input type="checkbox"/>)		Visa /Residency # _____ Expiry _____
Is English the first language spoken at home? Y (<input type="checkbox"/>) or N (<input type="checkbox"/>)		If No, please specify language _____
Last school attended _____		Year Level _____

Mother's Details

Mrs / Miss / Ms _____ Living with Y () or N ()

Name _____

Cellphone _____

Email _____
(if different from above)

Occupation _____

Work Phone _____

Address _____
(if different from above)

Legal Guardian Y () or N ()

Access rights Y () or N ()

Receive Reports Y () or N ()

Receive School Info Y () or N ()

Father's Details

Mr _____ Living with Y () or N ()

Name _____

Cellphone _____

Email _____
(if different from above)

Occupation _____

Work Phone _____

Address _____
(if different from above)

Legal Guardian Y () or N ()

Access rights Y () or N ()

Receive Reports Y () or N ()

Receive School Info Y () or N ()

Other Caregiver LIVING with Student

Mrs / Miss/ Ms / Mr _____

Name _____

Relationship to Student _____

Cellphone _____

Email _____
(if different from above)

Occupation _____

Work Phone _____

Emergency Contact Person

(If parent/ caregiver cannot be reached eg: grandparent/ other relative/ friend)

Mrs / Miss/ Ms / Mr _____

Name _____

Relationship to Student _____

Cellphone _____

Landline _____

Address _____

Gifted and Talented

As part of our ongoing commitment to providing the best educational opportunities for your child/ren, we need your help in getting to know them better. Parents are often the first to recognise their child/ren's special talents or interest, and the information provided will assist teachers in helping your child to make the most of his or her time at school.

Details of any special talents / interests _____

Special Assistance

Name any educational assistance the student has received in previous schooling - specify dates _____

Do you have any documentation to support this? _____

Mercury Bay Area School - Te Reo Programme

Are you interested in your child being taught in Te Reo? We offer classes in Years 4 through to 9 in which the curriculum is taught in Māori. Y () N () if you would like more information.

Stand down and Suspension

Please indicate whether or not the student has ever been stood down / suspended from any school:

N () or Y () Reason _____ School _____

Medical History

Doctor & Ph No. _____ Dentist & Ph No. _____

Immunisations Fully Immunised Y () or N () Immunisation record copied Y () or N ()

OR We have chosen not to immunise ()

Does the student have a physical condition that might affect classroom learning, e.g. hearing loss, need for glasses, motor skills loss etc?
Y () or N () *If Yes please give details-* _____

Medical conditions or allergies - Y () or N () _____

*(If the condition is serious or medication needs to be held or administered, a **healthcare plan** will need to be completed)*

I agree that the school will take action on my behalf if I cannot be contacted in case of injury or sudden illness. Y () or N ()

I agree that the school can give my child paracetamol as a pain relief if necessary Y () or N ()

Siblings

Are there any siblings at Mercury Bay Area School? Y () or N ()

If yes please include the name of the student and the year group.

_____ Year _____

_____ Year _____

_____ Year _____

For New Entrants / Year 1 Students

Did your child attend an Early Childhood Education Centre? Y () or N ()

Name of Centre _____

Approx. hours per week attended - _____ For how many months did they attend? _____

Travel

How will the student travel to school? Walk () Bike () Car () Bus () Other _____

If Bus - which route will they travel? Bus registration form completed Y () or N ()

Moewai (incl 309) () Centennial () Ferry Landing () Mill creek (incl Kaimarama) () Kuaotunu ()

Tairua (incl Coroglen) () Pumkin Flats (incl Simpsons/Kawakawa Rd) ()

Sports House Information

Sport Houses: Buffalo, Tainui, Mercury, Matahaorua

From **Year Four** onwards all students have the opportunity to participate for house points at Swimming , Cross Country, Athletics and any other school events the syndicate decides warrants special points being allocated.

Do you have any family or relative associations with any of the four sport houses? Y () or N ()

If yes please include the name of the student and the year group or sport house name if you know.

_____ Year _____ House (if known) _____

_____ Year _____ House (if known) _____

Student Declaration

While at Mercury Bay Area School I will abide by the schoolwide KAURI expectations of **K**indness, **A**chievement, **U**nity, **R**espect and **I**dentify.

Signature - Student _____

Date ____ / ____ / ____

For further information on KAURI please see our website: <https://mbas.ac.nz/our-school/behavioural-management>

PARENT / CAREGIVER DECLARATION

Please tick

Yes No

() () 1. I/ We agree that the above named student will abide by the rules and regulations of Mercury Bay Area School as laid down in the prospectus. <https://mbas.ac.nz/our-school/prospectus>

() () 2. I/We give permission for MBAS to obtain school and any other information relevant to my child's welfare from previous school. Students may request to view and correct any errors in their records.

() () 3. I/We give permission for MBAS to send school records and relevant information to my child's welfare to the school to which my child may move to or from MBAS.

() () 4. I/We give permission for any information concerning my child to be shared with appropriate staff within MBAS.

() () 5. I/ we give permission for the school to publish photographs of my child in school publications, this may include the school newsletter, magazine, website and facebook page.

() 6. I understand that should I wish to join a school excursion I will be required to undertake a police vet. The information that arises from this request is totally confidential to the Principal (as under the Privacy Act 1993).

Signature - Father/ caregiver _____

Date ____ / ____ / ____

Signature - Mother/ caregiver _____

Date ____ / ____ / ____

Enrolments are provisional until signed by the Principal / Deputy Principals or Deans of Mercury Bay Area School

Enrolled by _____ Position _____

Date ____ / ____ / ____

Principal/DP/Dean Signature _____

Date ____ / ____ / ____

PRIVACY ACT 1993. Use of Personal Information collected by Mercury Bay Area School.

The information provided on the school enrolment forms and other related information provided by families is required to enable the school to comply with its purposes and functions under the Education Act 1989 and other enactments.

The information will be held by the school and used the following ways:

1. Relevant personal information on individual students and families will be available to staff or those duly appointed responsible for:
 - enrolment and academic progress at school
 - administering fees and other charges
 - maintaining and updating records
 - providing additional academic and personal support
 - general administration of school activities
 - supporting welfare of students
2. The school is also required to provide some personal information (usually name, date of birth, parent contacts) to some other agencies. The agencies which may require the school to provide this information include:
 - Ministry of Education
 - Education Review Office
 - Special Education Services
 - New Zealand Police
 - Department of Justice
 - New Zealand Children and Young Persons Service
 - Crown Health Enterprise
 - New Zealand Income Support Services
 - New Zealand Law Society
3. The school may provide the Public Health Nurse with enrolment and contact information.
4. The school may provide names, addresses and phone numbers to our Parent Teacher Association.
5. The school provides academic and personal records, and confidential references, for students enrolling at other institution, e.g. Polytechnics, Universities, and when students transfer to another school.
6. With a student's approval the school provides to employers on request confidential reports when students apply for position.
7. Information about students may be provided to researchers conducting academic research or research related to welfare and wellbeing of students.
8. The school may advise media of academic or other activity which your child is engaged in.
9. The school may use your address and phone number to forward mail or messages or pass on the same for others to forward messages relating to the current and further education of your child.

Holding of Personal Information:

The personal information you supply will be held permanently within the school's record system. While your child/ren are enrolled at this school you are asked to update any information which has changed.

Previous Enrolment:

Completion of an enrolment form authorises the school to obtain from previous schools and institutions attended by your child copies of records held by them concerning your child.

Compliance with the Privacy Act 1993:

Mercury Bay Area School undertakes to collect, update, use, store, disclose and exchange personal information in accordance with the provisions of the Privacy Act 1993. In accordance with the provisions of the Act, the school will on request make available to you the personal information it collects from you about your child, and will make appropriate corrections to that the information to ensure that the information held is accurate.

SCHOOL USE ONLY - Check List

- | | |
|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Birth Certificate/Passport | <input type="checkbox"/> Immunisation |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Dental Form (Y1-8) |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Teachers Copy |
| <input type="checkbox"/> Healthcare plan | <input type="checkbox"/> Anne-Maree email (Y1-3) |
| <input type="checkbox"/> KAMAR | <input type="checkbox"/> Bus form |
| <input type="checkbox"/> School Links | <input type="checkbox"/> Cypersafety form |
| <input type="checkbox"/> ENROL | <input type="checkbox"/> NZQA info |
| <input type="checkbox"/> NSN | <input type="checkbox"/> Deans / 1 time Teacher |
| <input type="checkbox"/> Previous Student records | <input type="checkbox"/> Music Tuition |
| <input type="checkbox"/> Records File | <input type="checkbox"/> Talent Register |
| <input type="checkbox"/> Accounts dept / Library | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Activate IT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Emergency Rolls | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> _____ |

Notes: