



# MANGERE BRIDGE SCHOOL

## Enrolment Information for In Zone Students

### Entitlement to Enrol at Mangere Bridge School

Section 11D (1) of the Education act 1989 provides that, subject to the provisions of that Act, a person who lives in the home zone of a school that has an enrolment scheme (such as Mangere Bridge School) is entitled to enrol at any time at that school.

The Act distinguishes between pre-enrolment and enrolment. "Pre-enrolment" refers to the process of applying for entry to the school. "Enrolment", on the other hand, occurs when attendance at the school commences and the student is first marked as present on the school roll.

The School may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

### Moving out of the Home Zone between pre-enrolment and the commencement of attendance at Mangere Bridge School

The address given at the time of application for pre-enrolment must be the student's usual place of residence when the School is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the School, your child will not be entitled to enrol at the School and the Board may withdraw any offer of a place made on the basis of the given address.

### Enrolment based on false information or temporary residence

The Ministry of Education has advised that parents should be warned of the possible consequences of attempting to gain enrolment by knowingly giving a false address or false information or by making an in-zone living arrangement which is intended to be only temporary. For example:

- Renting accommodation in-zone on a short term basis
- Arranging temporary board in-zone with a relative or a family friend
- Using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.
- Making a "caregiver arrangement of convenience", for the purpose of enrolling your children at Mangere Bridge School e.g. living with relatives on school days

If the School learns that a student was not living at the in-zone address given at the time of pre-enrolment, or the School has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining enrolment at the School then the Board may review that enrolment. Unless the parents can provide a satisfactory explanation, the Board may cancel the enrolment. This course of action is provided for under Sections 110 and 110A of the Education Act 1989.

### Moving out of the Home Zone after commencing attendance at Mangere Bridge School

Because only a student who lives in the home zone is entitled to enrol at Mangere Bridge School and because the Board has the statutory power to cancel the enrolment in certain circumstances, all changes to the student's usual place of residence when the School is open for instruction must be immediately notified to the School in writing.



**Enrolment No:**  
**NSN:**

# MANGERE BRIDGE SCHOOL

Founded 1889  
Coronation Road, PO Box 59040, Mangere Bridge, Manukau 2151  
Ph 09 636 7304, 09 634 2499  
Email: [admin@mangerebridge.school.nz](mailto:admin@mangerebridge.school.nz)  
Website: [www.mangerebridge.school.nz](http://www.mangerebridge.school.nz)  
Principal: Stephanie Tawha



<b>Student</b>	
Legal surname:	First names:
Preferred surname:	Preferred first name:

D.O.B: \_\_\_\_\_

Male/Female

Address: \_\_\_\_\_

Home ph.: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Parent(s) Email 1: \_\_\_\_\_

Receive Newsletter by Email: **Y / N**

Parent email 2: \_\_\_\_\_

**Interested in your child being in  
bilingual unit: Y / N**  
**If circled 'Y' please complete green form**

**Documents required at appointment with Principal:**

<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Immunisation Certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Address in Parents name (must be one of the following): <b>Electricity Account, Rates Account, Rental Agreement</b></li> </ul>
<ul style="list-style-type: none"> <li>• Early Childhood Centre Portfolio if you have one</li> </ul>	

OFFICE USE ONLY		
Enrolment Meeting _____	<input type="checkbox"/> Copy of enrolment form to teacher	<input type="checkbox"/> Etap <input type="checkbox"/> Enrol <input type="checkbox"/> e-asttle
1 <sup>st</sup> visit _____ 2 <sup>nd</sup> Visit _____	<input type="checkbox"/> Permission slip signed	<input type="checkbox"/> Google Drive (Y4-6) <input type="checkbox"/> Hapara
3 <sup>rd</sup> visit _____	<input type="checkbox"/> Statutory declaration signed	<input type="checkbox"/> Student Profile <input type="checkbox"/> Accessit
DOB _____	<input type="checkbox"/> Birth certificate/Passport	
Start Date _____	<input type="checkbox"/> Immunisation	Medical conditions: <b>Y/N</b> _____
Teacher _____	<input type="checkbox"/> Proof of address	ESOL: <b>Y/N</b> _____ Sibling: <b>Y/N</b> _____
Room _____ Year _____	<input type="checkbox"/> Email database	

**STUDENT****Ethnic Groups of enrolling student**

Please tick up to three and give as much detail if possible

 Maori: Iwi1 \_\_\_\_\_ Iwi2 \_\_\_\_\_ Iwi3 \_\_\_\_\_ Pasifika – Please specify Samoan Tokelauan Tongan Cook Is Maori Niuean Other \_\_\_\_\_ Fijian Asian: please specify \_\_\_\_\_ MELAA: (middle eastern/Latin American/African)

please specify \_\_\_\_\_

 European / Pakeha:

please specify \_\_\_\_\_

 Other: please specify \_\_\_\_\_

Country of Birth \_\_\_\_\_

Date of Arrival in NZ (if applicable) \_\_\_\_\_

What languages are spoken at home \_\_\_\_\_

What languages are spoken by the enrolling student: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Name of children at this school living at the same house

Name \_\_\_\_\_ DOB \_\_\_\_\_ Enrl No.\* \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Enrl No.\* \_\_\_\_\_

\* To be filled in by the office staff

Names &amp; Birth Dates of preschool children in family:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**MEDICAL CONTACT/INFORMATION**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Immunised (Certificate attached) Not Immunised **EMERGENCY CONTACT (other than Parents)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph (Home): \_\_\_\_\_ Ph(Work): \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**MOTHER / CAREGIVER 1**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student):  
\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**FATHER / CAREGIVER 2**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student):  
\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**GUARDIAN**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Students living arrangements:****Student living with** Mother & Father **(tick one)** Mother / Caregiver1 Father / Caregiver 2 Guardian 

Please give detail of the enrolling students living and

custody arrangements \_\_\_\_\_

<b>HEALTH</b>		
<b>PROBLEM</b>	<b>MEDICATION</b>	<b>OTHER DETAILS (E.G. SPECIALIST)</b>
Allergies		
Asthma		
Heart/Circulation		
Sight/Hearing		
Other		

**PLEASE LIST ANY SPECIAL DIETARY REQUIREMENTS:**

**Early Childhood Education**  
 Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?  
 If yes, what is the name of the Centre: \_\_\_\_\_

Please complete the table below for the service(s) attended.

Please enter the number of <b>hours per week</b>	Hrs/week
a. Kōhanga Reo	
b. Playcentre	
c. Kindergarten <i>or</i> Education and Care Centre	
d. Home based service	
e. Playgroup	
f. The Correspondence School–Te Aho o Te Kura Pounamu	
<b>Or Please tick the appropriate box</b>	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	

**Did your child regularly attend Early Childhood Education?**  
 Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.  
 Yes, for the last \_\_\_ year(s).  
 Not regularly, only occasionally with no on-going schedule.  
 No, did not attend ECE.

Does your child's name have a meaning? Is he/she named after someone in your family?  
 \_\_\_\_\_

Who lives at your place?  
 \_\_\_\_\_

What is your child's sleep routine? Are they a good sleeper?  
 \_\_\_\_\_

Does your child have any worries/concerns/fears that we would need to know about?  
 \_\_\_\_\_

What does your child like to do in their free time? What do you do in the weekends?

Does your child have a passion/strength in/about something in particular?

Who does your child like to play with/spend time with? (friends, adults, on their own)

Does your child enjoy reading/being read to? What do they enjoy reading? (books, comics, online etc)

Does your child belong to any clubs/sports/church groups etc?

Does your child have a library membership? Who takes them to the library? How often?

Does your child use a computer/ipad/tablet/smartphone at home or pre-school?

What would you like school to provide for your child?

**I/We hereby make an application to enrol my son/daughter at Mangere Bridge School under the terms and conditions of the Prospectus which I/we accept as applying to him/her. I/We agree that he/she will be subject to school rules and I/we will endeavour to see that he/she obeys them. I/We understand the school will take action on my behalf in case of injury or sudden illness.**

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**

**PERMISSION**

We need your permission for various school activities. Please read the following, fill in, and sign.

I give permission for my child to go on local school trips within walking distance of Mangere Bridge School  
(for other trips you will receive a separate permission slip) YES/NO

I understand that I may withdraw my permission at any time for any event or trip. YES/NO

I give permission for photos to be taken of my child YES/NO

Occasionally we publish photos of children in the Newsletter, this is put onto the Mangere Bridge School Website. I give permission for photos of my child to go on the school website YES/NO

I give permission for the school to request extra help for my child, if needed from:  

- Special Education
- Resource Teacher, Learning and Behaviour
- Ministry of Education, Discretionary Hours

YES/NO

I give permission for the school to contact the early childhood centre my child attended to request information in support of my child's transition to school. YES/NO

I understand that any information provided on my child will be used to assist my child and will be used according to the provisions of the Privacy Act, 1993 YES/NO

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**FOR ADMIN / OFFICE USE ONLY:**

Out of Zone Y/N \_\_\_\_\_ Over Seas Visitor Y/N \_\_\_\_\_

Verified D.O.B.: Birth Certificate / Passport

*If verified by passport following details required*

Country of origin: \_\_\_\_\_ Entry Status: \_\_\_\_\_

Date of arrival in NZ: \_\_\_\_\_ Refugee/Reunification: \_\_\_\_\_

NZ Resident Permit                  NZ Citizen (Cross out which not applicable)

Other (specify) \_\_\_\_\_

**STATUTORY DECLARATION**

I / We (full names) \_\_\_\_\_  
of (permanent residential address) \_\_\_\_\_

**do solemnly declare as follows:**

1. That I/We are the parent(s)/caregiver(s) of \_\_\_\_\_ (Name of Student)
2. The address where \_\_\_\_\_ (student's name) resides is within the Mangere Bridge School designated zone.

If the student is in a shared custody situation the secondary residence is as follows: \_\_\_\_\_

3. I am aware and agree/do not agree with the contribution scheme set by the Board of Trustees
4. That I / We will inform the school of any change of residence
5. I / We make this declaration conscientiously believing the same to be true and by virtue of oaths and declarations Act 1957.

I confirm that the address which I have provided to the school will be the usual place of residence of \_\_\_\_\_ (student's name) when the school is open for instruction.

Signed parent(s) / caregiver(s) \_\_\_\_\_

Names of parent(s) / caregiver(s) \_\_\_\_\_ Date \_\_\_\_\_

(Witnessed by Principal/J.P./Lawyer \_\_\_\_\_)

Witness Name \_\_\_\_\_ Date \_\_\_\_\_

**To make a false Declaration is a Criminal Offence**