



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.

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. That I / We will inform the school of any change of residence

4. I / We make this declaration conscientiously believing the same to be true and by virtue of oaths and declarations Act 1957.

I confirm that when the school is open for instruction the address which I have provided to the school will be the usual place of residence of

(student's name) _____

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

Documents required at appointment with Principal:

<input type="checkbox"/> Birth Certificate/Passport	<input type="checkbox"/> Proof of Address in Parents name (must be one of the following and should be current within the last 3 months): Electricity Account, Rates Account, Rental Agreement
<input type="checkbox"/> Immunisation Certificate	
<input type="checkbox"/> Early Childhood Centre Portfolio if you have one	

NSN Number:

Enrolment No:



MANGERE BRIDGE SCHOOL

Coronation Road, PO Box 59040, Mangere Bridge, Manukau 2151

Ph 09 636 7304, 09 634 2499

Principal: Stephanie Tawha

Email: admin@mangerebridge.school.nz

Website: www.mangerebridge.school.nz

Founded 1889



KAITIAKITANGA



KOTAHITANGA



MANAAKITANGA



RANGATIRATANGA

If you are interested in your child being in the Maori bilingual unit please ask for and also complete a blue form - Yes / No

Student:

Legal surname:	First names:
Preferred surname:	Preferred first name:

D.O.B: _____ Male/Female/Other

Address: _____ Home Ph.: _____

_____ Mobile Ph: _____

Parent(s) email 1: _____ Parent email 2: _____

Receive Newsletter by Email: Y / N

Students living arrangements: *Please tick who student is living with*

Mother & Father	Mother /Caregiver1	Father / Caregiver 2	Guardian
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Please give details of the enrolling students living and custody arrangements:

Name of children at this school living at the same house: * To be filled in by the office staff

Name _____ DOB _____ Enrl No.* _____

Name _____ DOB _____ Enrl No.* _____

Names & Birth Dates of preschool children in family:

Name _____ DOB _____

Name _____ DOB _____

What are your child's ethnic group/s?
Please tick maximum of three and give as much detail as possible:

Maori:
Iwi1 _____ Iwi2 _____
Iwi3 _____

Pasifika – Please specify

Samoan
 Tongan
 Niuean
 Fijian
 Tokelauan
 Cook Is Maori

Asian: please specify _____

MELAA – Please specify

Middle eastern
 Latin American
 African
 Other _____

NZ European / Pakeha

Other: please specify _____

Country of Birth: _____

Date of Arrival in NZ (if applicable) _____

Last school attended:

What is your child's first language?

Please tell us how well your child communicates in their language/s
Language 1: _____

	Not at all	A little	Fluent	Understands
Read				
Write				
Speak				

Language 2: _____

	Not at all	A little	Fluent	Understands
Read				
Write				
Speak				

Language 3: _____

	Not at all	A little	Fluent	Understands
Read				
Write				
Speak				

CAREGIVER 1 (Please circle): **Mother** **Father** **Other**

Surname: _____ First Name: _____

Address (if different from student): _____

If you circled other what is your relationship to this child: _____

Contact phone numbers: Home: _____ Work: _____ Mobile: _____

Email: _____ Occupation: _____

Ethnic Group: _____ Country of Birth: _____

What is the main language you use at home?
Please tell us how well you communicate in this language:

	Not at all	A little	Fluent	Understand
Read				
Write				
Speak				

What other language/s do you use:

Who would you use these languages with:

CAREGIVER 2 (Please circle): **Mother** **Father** **Other**

Surname: _____ First Name: _____

Address (if different from student): _____

If you circled other what is your relationship to this child: _____

Contact phone numbers: Home: _____ Work: _____ Mobile: _____

Email: _____ Occupation: _____

Ethnic Group: _____ Country of Birth: _____

What is the main language you use at home?

Please tell us how well you communicate in this language:

	Not at all	A little	Fluent	Understand
Read				
Write				
Speak				

What other language/s do you use:

Who would you use these languages with:

GUARDIAN: Surname: _____ First Name: _____

Address (if different from student): _____

What is your relationship to this child: _____

Contact phone numbers: Home: _____ Work: _____ Mobile: _____

Email: _____ Occupation: _____

Ethnic Group: _____ Country of Birth: _____

What is the main language you use at home?

Please tell us how well you communicate in this language:

	Not at all	A little	Fluent	Understand
Read				
Write				
Speak				

What other language/s do you use:

Who would you use these languages with:

EMERGENCY CONTACT (other than Parents)

Surname: _____ First Name: _____ Home Ph: _____

Address: _____ Work Ph: _____

_____ Mobile Ph: _____

Relationship to student: _____

MEDICAL/CONTACT INFORMATION FOR THE STUDENT

Doctor: _____ Phone: _____

- Immunised (Certificate attached)
 Not Immunised
 Health Form filled

HEALTH OF THE STUDENT

PROBLEM	MEDICATION	OTHER DETAILS (E.G. SPECIALIST)
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Heart/Circulation		
<input type="checkbox"/> Sight/Hearing		
<input type="checkbox"/> Other		

PLEASE LIST ANY SPECIAL DIETARY REQUIREMENTS:

EARLY CHILDHOOD EXPERIENCE

Did your child **regularly** attend one or more Early Childhood Education service(s) in the 1 year prior to starting school?
NB: "Regularly attend" means the child was booked into 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.

What was the name of the Centre: _____

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

<i>Please enter the name of the center</i>	<i>number of hours per week</i>
<input type="checkbox"/> Kōhanga Reo	
<input type="checkbox"/> Playcentre	
<input type="checkbox"/> Kindergarten or Education and Care Centre	
<input type="checkbox"/> Home based service	
<input type="checkbox"/> Playgroup	
<input type="checkbox"/> The Correspondence School–Te Aho o Te Kura Pounamu	
Or Please tick the appropriate box	
<input type="checkbox"/> Attended, but only outside New Zealand Please give details:	
<input type="checkbox"/> Attended, but don't know what type of service	
<input type="checkbox"/> Did not attend any Early Childhood Center	

HELP US TO KNOW YOUR CHILD

- Does your child's name have a meaning? Is he/she named after someone in your family?
- Do you have other family assisting and caring for your child?
- 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?
- Tell us what your family enjoys doing together?
- Does your child have a passion or strength in/or about something in particular?
- Who does your child like to play with/spend time with? (*friends, pets, adults, siblings, on their own etc.*)
- Do you and your child share reading / story telling / Bible time etc.? Tell us about this..
- Does your child belong to any clubs/sports/church groups etc?
- Does your child use a computer/iPad/tablet/smartphone at home or pre-school?
- What kind of learning environment / experiences would you like MBS 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 Enrolment 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 photos of my child to go on social network(Facebook) 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: _____

OFFICE USE ONLY			
Enrolment Meeting	<input type="checkbox"/> 1st visit	<input type="checkbox"/> 2nd Visit	<input type="checkbox"/> 3rd Visit
DOB:	Start Date:	Teacher:	Rm: Year:
<input type="checkbox"/> Verified DOB:	<input type="checkbox"/> Birth Certificate:	<input type="checkbox"/> Passport: Country of Origin: Date of arrival NZ:	Entry Status: Refugee/Reunification:
NZ Citizen Y / N NZ Resident Permit	Other: Specify	Out of Zone Y/N	Overseas Visitor Y/N
<input type="checkbox"/> Copy of enrolment form to teacher	<input type="checkbox"/> Permission slip signed	<input type="checkbox"/> Statutory declaration signed	<input type="checkbox"/> Immunisation
<input type="checkbox"/> Proof of address <input type="checkbox"/> Student Profile <input type="checkbox"/> Accessit <input type="checkbox"/> Email database	Photo Permission Y/N Medical Condition Y/N Health Form Y/N Sibling Y/N	<input type="checkbox"/> Etap <input type="checkbox"/> Enrol <input type="checkbox"/> E-asttle <input type="checkbox"/> PACT <input type="checkbox"/> ESOL Y/N	(Y4-6) <input type="checkbox"/> Google Drive <input type="checkbox"/> Hapara
Notes:			

