



SUTTON PARK SCHOOL

89 Vine Street, Mangere East, Auckland 2024  
Telephone (09) 276 4560  
Email: [office@suttonpark.school.nz](mailto:office@suttonpark.school.nz)

## STUDENT ENROLMENT PROCESS

The following 5 forms must be completed by parent/caregiver:

- Enrolment Form
- Sutton Park School Permissions & Technology Agreement
- ManaKidz Consent Form
- Dental Consent Form
- Lunch Form

### **Please note:**

Enrolment requires a copy of the child's original ID (Birth Certificate or Passport) and recent Proof of Address, e.g. power bill, phone bill, etc. If born overseas, please also include a copy of visa (Student or Resident) or Permanent Resident documentation for the child. **We cannot enrol a child on a Visitor Visa.**

**Also Enclosed** is a copy of the Sutton Park School Information and Guidelines form. Please read it and keep it for future reference.

**Stationery and Uniform lists are available on request.**

### **Before and After School Care**

Skids: [ajneeta@skids.co.nz](mailto:ajneeta@skids.co.nz) or 027 627 5001

Good Seeds: 027 537 3115 or 09-275 1065

Little Feet: [info@littlefeetchildcare.co.nz](mailto:info@littlefeetchildcare.co.nz) 09-255 5526

### **New Entrant Enrolments and Transitioning**

Students turning 5 / new entrants **must** have a transition before starting school. Please ask the office regarding the dates for this.

# PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen. Copy 1: Office Copy 2: Dental Therapist Copy 3: Teacher

PUPIL	Legal surname:				Legal first name/s:			
	Preferred surname:				Preferred first name:			
	Place in family:	of	Gender:	DoB:	/	/	Current class/year level:	Eldest child at this school:
	Home Address:							Zone: In / Out / NA
	Previous school/centre:				Address:			
	Rural Emergency No:				Home language:	Country of birth:		
	Ethnicity 1:	2:	3:			Residency/Citizenship? Yes / No	If No, Date of NZ entry:	
	Iwi/Hapu:							

PARENTS/CAREGIVERS	Title:	Legal surname:			First name/s:			Relationship to pupil:					
	Home address: (if different to pupil)								Country of birth:				
	Workplace/Hrs:	Occ:			Ph Hm:			Ph Wk:					
	Mob:	Email:											
	Title:	Legal surname:			First name/s:			Relationship to pupil:					
	Home address (if different to pupil)								Country of birth:				
	Workplace/Hrs:	Occ:			Ph Hm:			Ph Wk:					
	Mob:	Email:											
	Emergency contact name 1:				Relationship to pupil:			Ph Hm:			Mob:		
	Emergency contact name 2:				Relationship to pupil:			Ph Hm:			Mob:		
	Doctor:	Ph:				Dental clinic:							
	Name of legal guardian/s:												

EARLY CHILDHOOD EDUCATION	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last year/s <b>OR</b> <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <b>OR</b> <input type="checkbox"/> No, did not attend ECE											
	Did your child attend an ECE service in the six months prior to starting school?											
	Please enter the number of hours per week for up to three services (a-f) or tick the appropriate box (g-j).				ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)					
	a) Kōhanga Reo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Only tick following boxes if ECE hours section to the left is not completed.</b>							
	b) Playcentre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Attended, but only outside New Zealand	<input type="checkbox"/>						
	c) Kindergarten or Education and Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Attended, but don't know what type of service	<input type="checkbox"/>						
d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Did not attend	<input type="checkbox"/>							
e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Unable to establish if attended or not	<input type="checkbox"/>							
f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

CUSTODY ACCESS	Court order issued? Yes / No / NA											
	(attach further information as required)											
Extra copy of school report to:						Address:						

HEALTH, LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No						B4SC health?					
	B4SC developmental?						B4SC behavioural?					
	Immunisation Cert Sighted? Yes / No				Requested?				Completed: Yes / No			
	Vision:						Hearing:					
	I consent to my child's vision and hearing being tested. Yes / No											
	Allergies:						Medication:					
	Speech:						Serious problems:					
	Learning/Behaviour Needs:											
	Special Needs/Resourcing/Agencies:											
	Other information/requests (attach further information as required):											

## DECLARATION

I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: \_\_\_\_\_ Date: / /

OTHER	Members of your family likely to attend this school in the future.		1.	Birth date: / /	
	2.	Birth date: / /	3.	Birth date: / /	
	Additional information:				

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number				School admission to:			
	Records/information requested: / /		Records/information received: / /		Bus route:		Date of entry: / /	
	<input type="checkbox"/> Academic	NSN:	No previous schools/enrolments:		Year level:		School stamp:	
	<input type="checkbox"/> Attendance	Data entered: / /	Teacher:		Room:			
<input type="checkbox"/> Behavioural	Other:	Issued... Health card <input type="checkbox"/>		School info/pack <input type="checkbox"/>				
<input type="checkbox"/> Custodial	Additional information:							
<input type="checkbox"/> Health								
<input type="checkbox"/> Personal								

Not to be photocopied. Order from NZPF: office@nzpf.ac.nz.



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Principal: Vaitimu Togi Lemanu

### Sutton Park School Permissions and Technology Agreement

As the parent or guardian of \_\_\_\_\_, I give permission for my child to:

- (Tick)
- Take part in school day trips within the Auckland City area
- Have their name, work or photo published in the school newsletter, school website and Sutton Park School Facebook page
- Be given paracetamol if necessary for headache/pain
- Use the computers and have supervised access to the internet for school related work only

**I understand that Sutton Park School information technology resources, (including computers, iPads, Chromebooks and cameras, are to be used for educational purposes only. Breaking this rule will lead to a loss of all information technology privileges in the school. I also understand that theft or damage through misuse will result in a bill for the cost of replacement parts or service and, in the case of theft or wilful damage, school disciplinary consequences will ensue.**

Have their work or photo published on the school website, or class pages on the internet

Be referred to Group Special Education (GSE) for learning or behavioural assessment or support should the need arise

Attend Religious Education (Bible Study) at school

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Mana Kidz Consent Form

This consent form tells us whether you want or do not want your child to have health checks at school.

**Important information:**

- **Section A (Blue):** Parents/Guardians, please fill out all child details
- **Section B (Green):** Parents/Guardians, please fill out if you **AGREE** for your child to have health checks
- **Section C (Red):** Parents/Guardians, please fill out if you **DO NOT AGREE** for you child to have health checks

[A] Section A: CHILD'S DETAILS – All parents/guardians <u>must</u> fill out this section				
SCHOOL NAME		ROOM NAME OR NUMBER		
SURNAME				
FIRST NAME		MIDDLE NAME(S)		
<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER		DD/MM/YYYY DATE OF BIRTH	CHILDS NHI NUMBER* (if known)	
Which ethnic group does your child most closely identify with? (You may tick more than one)		HOME ADDRESS		
<input type="checkbox"/>	NZ European	PHONE (Day)	PHONE (Evening)	MOBILE
<input type="checkbox"/>	Māori			
<input type="checkbox"/>	Samoan	EMAIL (provide only if you are happy for us to contact you via email)		
<input type="checkbox"/>	Cook Island Maori			
<input type="checkbox"/>	Tongan	FAMILY DOCTORS NAME		
<input type="checkbox"/>	Niuean			
<input type="checkbox"/>	Chinese	MEDICAL CENTRE NAME		
<input type="checkbox"/>	Indian			
<input type="checkbox"/>	OTHER (Such as Dutch, Japanese, Tokelauan). Please state below	MEDICAL CENTRE ADDRESS/PHONE		
<input type="checkbox"/>				
*An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand				
[B] Section B: YES (agree) – I <u>DO</u> want my child to have the checks at school				
<input type="checkbox"/> Yes, I agree to my child having health checks at school				
I am (please tick one)		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Your full name	Your signature	DD/MM/YYYY Date		
[C] Section C: NO (do not agree) – I <u>DO NOT</u> want my child to have the checks at school				
<input type="checkbox"/> No, I do not want my child having health checks at school				
I am (please tick one)		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Your full name	Your signature	DD/MM/YYYY Date		

# PARENT / GUARDIAN CONSENT FOR EXAMINATION, XRAY CLEANING, AND PREVENTIVE CARE.

Male  Female  Child's Date of Birth  /  /  NHI Number

Child's First Name (legal given name)  Also Known As

Child's Family Name (legal surname)  Child's Middle Name(s)

Contact Address

Home Phone  Work Phone  Mobile Phone (Parent/Guardian)

Email Address (Parent/Guardian)

Brother's / Sister's Name/s and Date/s of Birth

Name <input type="text"/>	DOB <input type="text"/>	Name <input type="text"/>	DOB <input type="text"/>
Name <input type="text"/>	DOB <input type="text"/>	Name <input type="text"/>	DOB <input type="text"/>

Current School / Preschool

**NZ Residency Status**

New Zealand Citizen  
Please include a copy of your child's Passport or birth certificate

Other  
Please include a copy of parent/guardian's Passport(s) photo page(s), including relevant Visa details page(s)

- and -

New Zealand European  Māori  Fijian  Samoan  South East Asian  Cook Island Māori  Middle Eastern  Tongan  Niuean  Latin American / Hispanic  Chinese  African  Indian  Tokelauan  Other (Such as Dutch, Japanese etc.)

**Ethnicity**  
Which ethnic group does this child belong to?  
Tick the space or spaces that apply

I have enclosed the above requested documents with this form.

For more information on eligibility please visit [www.moh.govt.nz/eligibility](http://www.moh.govt.nz/eligibility), or call 0800 825583

Office use only:

## MEDICAL HISTORY

Some medical conditions and some medicines can affect dental care. To help us take good care of your child and ensure their safety please tick if your child has had, or is suffering from any of the following:

Rheumatic Fever  Asthma  Latex Allergy  Bleeding Conditions

Heart Conditions  Epilepsy  Diabetes  None of the above

Current Medications & Other Conditions/Allergies

Comments

Permission to contact your Doctor/Practice if necessary  Yes  No

Doctor/Practice Name  Doctor/Practice Number

Please alert us if there are changes to any of the above.

## CONSENT FOR SERVICES PROVIDED

I AGREE to this child receiving regular:  
Examinations and dental xrays as required  
Cleaning and scaling  
Fissure Sealant  
Fluoride Varnish

I understand that I have the right to change this consent at any time.  
Please ring 0800 TALKTEETH (0800 825 583)

**Any additional treatments will require further consent.**

Comments

Print Family Name (Parent/Guardian)  Today's Date  /  /

Print First name (Parent/Guardian)  day  month  year

Signature (Parent/Guardian if child under 16yrs)  Relationship to Child

## DO NOT CONSENT

I DO NOT AGREE to this child receiving dental services from the Auckland Regional Dental Service.

Print Family Name (Parent/Guardian)  Today's Date  /  /

Print First name (Parent/Guardian)  day  month  year

Signature (Parent/Guardian if child under 16yrs)  Relationship to Child:

## Lunch – Special Dietary Questionnaire

If your child requires a specialised diet for ethical, religious, or medical reasons, please fully complete this form and return to the school. (Please complete one form per child)

Please note, specialised diet medical forms may require a signature by a paediatrician, GP or registered dietitian.

### PART A- CONTACT DETAILS

Student Details		
Student Name	Year Level	Class
Parent/Caregiver Details		
I give permission for the information in this form to be shared with the lunch supplier, for the purpose of providing my child with a safe lunch.		
Contact Name	Contact Phone Number	
Signature	Date	

**PART B- RELIGIOUS, CULTURAL OR ETHICAL DIET REQUIREMENT**

Does your child require a Cultural, Religious, or ethical diet (e.g. halal or vegan diet)?		Yes	No
Please specify the type of diet required:	Vegetarian <input type="checkbox"/>		
	Vegan <input type="checkbox"/>		
	Halal <input type="checkbox"/>		
	No Beef/No Pork products <input type="checkbox"/>		
	No Beef <input type="checkbox"/>		
	No Pork products <input type="checkbox"/>		
	No Pork products/No Seafood <input type="checkbox"/>		
Other (please specify) _____			
Other relevant information:			

**PART C – MEDICALLY PERSCRIBED ALLERGY/INTOLERANCE DIET REQUIREMENT**

Does your child have a medically prescribed food Allergy/Intolerance?		Yes	No
<p>Nuts <input type="checkbox"/> (Note - all meals provided by Lunchy are nut free)</p> <p>Egg <input type="checkbox"/></p> <p>Dairy/Milk/Lactose Products <input type="checkbox"/></p> <p>Soy <input type="checkbox"/></p> <p>Wheat/Gluten <input type="checkbox"/></p> <p>Seafood <input type="checkbox"/></p> <p>Sesame <input type="checkbox"/></p> <p>Kiwifruit <input type="checkbox"/></p> <p>Legumes <input type="checkbox"/></p> <p>Berries <input type="checkbox"/></p> <p>Coconut <input type="checkbox"/></p> <p>Other* (please specify) _____</p> <p>*NOTE: if you have selected other please complete the following medical form</p>			
<b>Reactions</b>			
Please describe the reaction that your child has (e.g. anaphylaxis, hives etc.):			