

IQRA SCHOOL



Enrolment Form

Pupil Information

Legal Name:		
(First name)	(Middle name)	(Last name)
Preferred First Name:	Date of Birth:	Applying for year level:
Boy /Girl (Circle) NZ Citizen / NZ resident /Student Visa (circle) Home Language/s:		
Please attach a copy of your residency/visa		
If not born in NZ, country of birth:		Date of entry to NZ:
Ethnic Group (1):	Ethnic Group (2):	Ethnic Group (3):
New Zealand Maori? Yes/No	Iwi (UP to three):	
Religion:	Current School:	
Home Address:		Post code:

Parent/s or Caregiver/s information

Title:	Name:	
	(First Name)	(Last Name)
Home Phone:	Mobile:	Work:
Relationship to child:	Country of Birth:	Occupation:
Address (if different):		
E-mail:		
Title:	Name:	
	(First Name)	(Last Name)
Home Phone:	Mobile:	Work:
Relationship to child:	Country of Birth:	Occupation:
Address (if different):		
E-mail:		
Emergency Contact (Name & Phone number):		

Early Childhood Education (ECE)		
Was ECE Regularly attended? <input type="checkbox"/> Yes, for the last __Years/s <input type="checkbox"/> Not regularly <input type="checkbox"/> No, did not attend ECE		
ECE Service Name (1):	Length of attendance:	Hours per week:
ECE Service Name (2):	Length of attendance:	Hours per week:
ECE Service Name (3):	Length of attendance:	Hours per week:
Health, Learning & Behaviour		
Has your child had a B4 School Check? Yes/ No	Vision:	
B4SC Health?	Hearing:	
B4SC Development?	Allergies:	
B4SC Behaviour?		
Learning/ Behaviour Needs?		
Specialist Needs/ Resourcing/ Agencies:		
Child's Doctor		
Doctor's Name:	Phone:	
Name of medical centre:		
Address of medical centre:		
Medicine		
Category (1) Medicine		
This category refers to non-prescription treatments (such as antiseptic liquids, insect bite treatments and use of arnica cream) that are not ingested. These treatments are used for the 'first aid' treatment of minor injuries and provided by the school if needed as part of the first aid cabinet.		
Do you approve category (1) medicines to be used on your child? Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/ Guardian Signature:	Date: / /	
Category (2) Medicine		
This category refers to prescription medicines (such as antibiotics, eye/ear drops etc) or non-prescription medicines (such as paracetamol liquid, cough syrup etc) that can be used for a specific period of time to treat a specific condition or symptom provided by the parent for the use of that particular child only.		
A written authority by the parent is to be given at the beginning of each day that a category (2) medicine is to be administered, detailing what (the name of the medicine), how (method & dose), and when (times), medicine is to be given.		
Parent/ Guardian Signature:	Date: / /	
Category (3) Medicine		
To be filled if your child requires medication as part of an individual health plan, example: an ongoing condition such as asthma or eczema etc; and is for the use of that child only.		
Name of Medicine:	Method, dose and time of use:	
Parent/ Guardian Signature:	Date: / /	
Please provide the individual health plan for your child		

Other siblings attending IQRA School:	
Name (1):	Current School year:
Name (2):	Current School year:
Please indicate your agreement by ticking the boxes below	
<input type="checkbox"/> I understand and agree that in the event of an emergency, the school staff will contact myself or the emergency contact I have written on the enrolment form if I am not reachable.	
<input type="checkbox"/> I agree that I will not bring my child to school if they are suffering from any condition that is capable of being transmitted to other children.	
<input type="checkbox"/> I give permission for my child to go on walks or short outings from the school. These walks will be recorded by the school along with who is accompanying them, as per our excursions Policy.	
<input type="checkbox"/> I understand that the school attendance fees must be paid in a one-off payment in order for my child to attend IQRA as per our Payment Policy unless other arrangements are made by the school.	
<input type="checkbox"/> I understand that the school staff are required to photograph my child while attending school, record these photographs and use it in the school newsletter, displays and portfolio.	
<input type="checkbox"/> I understand that teacher in training will observe and photograph my child and use the observations and photographs in their assignments and placement reports.	
<input type="checkbox"/> I give permission for my child's photograph to be used in the school's website, Facebook page. I understand that surnames will not be used alongside any photos on the website.	
<input type="checkbox"/> I have read this agreement along with the Enrolment Package, and agree to accept the conditions stated therein and to abide by the policies of IQRA School.	
<input type="checkbox"/> I confirm that the information supplied on this form is true and correct, and that all the information that may have a bearing on the enrolment of my child has been disclosed, whether specifically requested or not.	
Privacy statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed upon request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the privacy act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.	
Parent's declaration: I declare that I agree to the items ticked above and that all the above information is true and correct to the best of my knowledge. Parent's Signature: _____ Date: _____	
Return: to the school office or scan and email to: admin@iqra.school.nz	

Jazakom Allah Khair for choosing IQRA School!

FOR OFFICE USE: <input type="checkbox"/> Form checked and all relevant sections are complete. <input type="checkbox"/> Data entered in eTap and ENROL. NSN number: _____ Starting date: _____ Signature: _____
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