<b>OUT OF ZONE AI</b>	<u>PPLICATIC</u>	<u> </u>	<u>22</u>			RED	UBTNORTH	
Indicate Ballot Priority Here	2 Sibling of current student	3 Sibling of former student	4 Child of studen	t former 5 Er	nild of Bot or nployee of school	None P R I	MARY SCHOOL	
THIS BALLOT IS FOR YE	EARS 1-6 ONL				BIBLE AND	OFFICE USE ONLY		
ABLE TO START SCHOOL BEFORE 24 JUNE 2022.  Please explain your child's previous connection to the school including dates of a former sibling/							RECEIVED DATE	
students attendance:  CHILDS EXPECTED START DATE								
							LUSTARIUATL	
STUDENT'S SURNAME						WAITINGL	IST NUMBER	
FIRST NAMES								
ADDRESS						Birthdate		
HOME PHONE						BOY (tick)		
MOBILE								
PREVIOUS SCHOOL						GIRL (tick)		
ETHNICITY/NATIONALITY KINDERGARTEN/PRESCHOOL (PLEASE TICK ONE)								
Ethnicity:			$\dashv \vdash$	Redoubt North Ki	-	Playcentre		
			$-\Box$	Kindergarten		Education and Care	Centre	
Maori-please state Iwi				Home based care	centre	Attended but only o	outside NZ	
				Kohanga Reo			Attended but not known what type	
Country of Birth			14/6	Pacific Is. EC Group Never attended				
				Which preschool did they attend?         How long has your child attended this preschool?				
Language spoken mostly at home :				How many hours per week did they attend?				
NUMBER ONE CAREGIVER			N	NUMBER TWO CAREGIVER				
MOTHER OTHER			F/	FATHER OTHER				
(Please explain)				(Please explain)				
Name				Name				
Address				Address				
Home PH #				Home PH #				
Cellphone #			C	Cellphone #				
Place of work				Place of work				
Work PH #			-1111	ork PH #				
Email address PLEASE PRINT CLEARLY				Mail address				
EMERGENCY CONTACTS (Grandparent/Auntie/Uncle/Friend (NOT THE SAME AS ABOVE—MUST BE COMPLETED)								
Full Name	lame Phone				Relat	ionship to child		
1.								
2.								
3.								
CUSTODY/ACCESS ARRANGEMENTS Is there anyone who is DENIED ACCESS to this child? Please explain below:								
If yes, please supply office with a copy of Court Order etc for your child's file. (if not supplied, spouse/parent has legal right to uplift child from school.)								

HAS YOUR CHILD EVER HAD ANY INVOLVEMENT WITH ANY OF THE	MEDICAL INFORMATION			
FOLLOWING: If so please explain.	DOES THIS CHILD HAVE ANY PROBLEMS WITH:			
RTLB (Resource Teacher of Learning and Behaviour)	<b>EYESIGHT</b> (Glasses)/ <b>HEARING</b> (Hearing Aids)/ <b>SPEECH</b> (Speech Therapy) If yes, please explain:			
Oranga Tamariki				
Social Worker	MEDICAL CONDITION Does this child have a medical condition, or take medication every day, please explain:			
Reading Recovery	medication every day, please explain:			
Teacher Aide hours				
Special Education	ALLERGY Is this child allergic to anything, what? Please explain what reaction will occur:			
Small group teaching/ Child Support				
ORR's funding	-			
English Spoken as Other Language Funding	ASTHMA Does this child have asthma ? Have they ever been hospitalised for their asthma?			
ANY OTHER INFORMATION ABOUT YOUR CHILD THAT THE SCHOOL SHOULD BE AWARE OF? (Sporting/Arts activities outside of school)	If your child has serious asthma, you will need to leave an inhaler in the medical room for your child. Do you authorise a first aid trained staff member to supervise administering this medication?			
Priorities for selecting out of zone students     First priority is given to students who have been accepted for enrolment in a special programme run by the	IMMUNISATIONPlease provide proof of your child's immunisation recordfor the Public HealthDepartment. It can be one of thefollowing:Yourchild'sPlunketBook, or anImmunisationCertificate / Printoutfrom your Doctor.			
school.	HAS YOUR CHILD EVER BEEN:			
<ul> <li>Second priority will be given to applicants who are siblings of current students.</li> <li>Third priority will be given to applicants who are siblings of former students.</li> </ul>	STOODDOWN,SUSPENDED, EXCLUDED OR REFERRED TO A TRUANCY AGENCY?			
• Fourth priority will be given to applicants who are children of former students.	ESOL:			
• Fifth priority will be given to applicants who are either children of board employees or children of board members.	Both Parents/Caregivers born in NZ			
• Sixth priority will be given to all other applicants.	Other-please state:			
Processes for selecting out of zone students If there are more applicants in the second, third, fourth, fifth or sixth priority groups than there are places available, selection within the priority group must be by ballot for the remaining places.				
	<u>I agree to ensure that my contact details remain</u> current with the school office at all times.			

http://www.educationalleaders.govt.nz/Problem-solving/Education-and-the-law/Governance-and-management/Out-ofzone-students

<u>Privacy Statement</u>: 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 on request at the school. The information collected may be disclosed to any appropriate education, health, welfare and emergency authority and used for data gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act. The NZ Ministry of Education school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

Parent Approvals: I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by school policies, that my child's image and or work may be used in accordance with the schools online publishing policy/procedures and that the school may forward my child's name, address and or school records to a potential school.

Signature of Parent/ Caregiver\_\_\_\_\_

Date enrolment form completed