

PRIVACY ACT CONSENT FORM

To meet the requirements of the Privacy Act, we need your permission to manage information about your child. To assist in this, we would like your approval to:

1. Collect such data as is relevant to the education and social needs of your child from the child's previous school or pre-school.
2. Pass on such data as is relevant to the educational and social needs of your child to the next school your child attends.
3. Collect, while your child is attending Tinopai School, such data as is deemed necessary to ensure your child's academic and social needs are met while at this school.
4. Allow, with the identity of the individual being protected, such information as is legitimately requested by official government agencies to be passed on to these agencies.
5. Allow your child's name and address to be given to the School's Public Health Nurse, Visiting Teacher or other Education\Health agencies in the event that the Principal deems the passing on of this information is in the best interests of the child.
6. Allow the educational information gained at the School to be used for research purposes on the condition that the information does not reveal the identity of the student.

I approve of Tinopai School taking the action listed in the above clauses 1-6.

[Please check the box before signing below]

PLEASE SIGN HERE

FULL NAME _____ SIGNED _____

FULL NAME _____ SIGNED _____

NEWSLETTER

WOULD YOU LIKE THE PANUI [NEWSLETTER] SENT TO YOUR EMAIL ADDRESS: YES NO

EMAIL: _____

MEDICAL INFORMATION

DOCTOR _____ ADDRESS _____

PHONE _____

IMMUNISATIONS UP TO DATE? _____ DATE OF LAST TETANUS SHOT? _____

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL CONDITIONS, REQUIREMENTS: YES NO

IF YES, PLEASE GIVE DETAILS _____

By signing, you confirm that all of the information provided in this enrolment is true and correct to the best of your knowledge .

FULL NAME _____ SIGNED _____

DATED _____



ACHIEVE THROUGH EFFORT ■ KIA MAU KI TE INGOA

TINOPA SCHOOL

STUDENT ENROLMENT INFORMATION

STUDENT'S NAME

DATE OF ENROLMENT

NSN

ENROLMENT CHECKLIST

STUDENT INFORMATION	INTEREST, HOBBIES, SPORTS
PARENT GUARDIAN CAREGIVER	LEARNING & BEHAVIOUR
EMERGENCY CONTACT DETAILS	PRIVACY ACT: CONSENT FORM
CUSTODY ISSUES	NEWSLETTER
PRIVACY CONSENT: PUBLICITY	MEDICAL INFORMATION
ETHNIC BACKGROUND	CYBER SAFETY USE AGREEMENT (Included)
OTHER FORMS REQUIRED:	IDENTIFICATION: BIRTH CERTIFICATE PASSPORT HEALTH: IMMUNISATION CERTIFICATE

OFFICE USE ONLY

ENTRY DATE _____ YEAR GROUP _____

E-TAP NO _____ ENROL NO _____

IDENTIFICATION _____ VER \ REG NO _____

IMMUNISATION _____ NSN NO _____

STUDENT INFORMATION

LEGAL SURNAME	DATE OF BIRTH
LEGAL FIRST NAME\S	PREFERRED NAME
ADDRESS	GENDER [PLEASE TICK] FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
	PLACE IN FAMILY <input type="text"/> OUT OF <input type="text"/>
PHONE [1]	PREVIOUS SCHOOL
PHONE [2]	PREVIOUS CLASS

PARENT | GUARDIAN | CAREGIVER DETAILS

NAME	NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
PHONE [1]	PHONE [1]
PHONE [2]	PHONE [2]
ADDRESS	ADDRESS
STUDENT LIVES WITH:	MOTHER FATHER GUARDIAN CAREGIVER [PLEASE CIRCLE OPTIONS]

EMERGENCY CONTACT DETAILS

NAME	NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
ADDRESS	ADDRESS
PHONE [1]	PHONE [1]
PHONE [2]	PHONE [2]

CUSTODY ISSUES YES NO N/A

IF YES, PLEASE SUPPLY DETAILS ALONG WITH DOCUMENTATION

COURT ORDER ISSUED YES NO

PREVIOUS NZ KINDERGARTEN &/OR KOHANGA REO:

NAMES OF OTHER FAMILY MEMBERS ATTENDING TINOPAI SCHOOL?

PRIVACY CONSENT | PUBLICITY

PERMISSION TO DISPLAY IMAGES

STUDENTS NAME _____

Tinopai School uses social media sites, such as Facebook, and is also developing a website to promote the school and its activities. Photos are taken regularly of different events that your child will be involved in and these will often be posted on the website\blogs\social media sites, newsletter or other publicity material, i.e: newspaper articles.

Please sign the permission below if you are satisfied with the following conditions:

I give permission to Tinopai School to display images of my child to be used for the school website\blogs\social media sites, newsletter or other publicity material.

I understand that only first names will be used and no contact or personal details will be given.

FULL NAME _____ SIGNED _____

ETHNIC BACKGROUND

PLEASE STATE WHAT ETHNICITY YOUR CHILD RELATES TO

ETHNICITY 1	IWI HAPU 1
ETHNICITY 2	IWI HAPU 2
ETHNICITY 3	IWI HAPU 3
DO YOU HAVE REGULAR	YES <input type="checkbox"/> NO <input type="checkbox"/>

INTERESTS, HOBBIES & SPORTS

PLEASE TELL US ABOUT YOUR CHILD'S INTERESTS, HOBBIES OR SPORTS

LEARNING & BEHAVIOUR

IS YOUR CHILD RECEIVING ASSISTANCE FROM OUTSIDE AGENCIES, IE: RTLB? YES NO PLEASE SPECIFY:

LEARNING BEHAVIOUR NEEDS:

OTHER INFORMATION | REQUESTS:

