



**One Tree Point School**  
**Te Arakahika**  
*Empowering Learners who CARE*

97, One Tree Point Road  
 One Tree Point  
 (09) 432 7891  
 021 268 5219  
 Email: [admin@otp.school.nz](mailto:admin@otp.school.nz)  
 Principal: Shirley Winters

<b>Office Use Only</b> NSN: Admission #:	Room	House	Bus Route
Today's Date:	Entry Date:	Gender: Male/Female	Year Level:
Legal surname:		Legal First Name (s): Preferred Name:	
Date of Birth: _____ DD/MM/YYYY		Previous School Attended:	
<b>Copy of Birth Certificate or Passport</b>  <b>Students born outside of New Zealand:</b> Do you have Permanent residence status in New Zealand? You will need to produce your passport to verify this and a copy kept at the office.  Date of Entry to N.Z.: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRIMARY CAREGIVERS/MAIN RESIDENCE (where the student lives most of the time)</b> <b>Students residential address:</b>  _____  <b>Postal address if different from above:</b>  _____			
<b>FATHER/STEPFATHER/GUARDIAN</b>  Full Name: _____  Relationship to Student: _____  Home Phone: _____  Cell Phone: _____  Address: _____  Email Address: _____  Occupation: _____  Employer: _____  Work Phone: _____		<b>MOTHER/STPMOTHER/GUARDIAN</b>  Full Name: _____  Relationship to Student: _____  Home Phone: _____  Cell Phone: _____  Address: _____  Email Address: _____  Occupation: _____  Employer: _____  Work Phone: _____	

**Emergency Contact 1 – Please provide details of contact OTHER than the student’s Parent/Guardian**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

This contact will be used in the case of sickness if a parent/caregiver cannot be contacted.

**Emergency Contact 2 – Please provide details of contact OTHER than the student’s Parent/Guardian**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

This contact will be used in the case of sickness if a parent/caregiver cannot be contacted.

**MEDICAL INFORMATION**

Doctor’s Name: \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_

Do you give permission for us to administer Panadol?

Yes  No

Does your child have allergies?  Yes  No

Does your child suffer from Asthma?  Yes  No

If yes, carries an inhaler?  Yes  No

Any medical conditions, health matters or disability which the school needs to be aware of?

(Please provide details below)

Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNISATION**

Is your child fully immunised?  Yes  No

Are they up to date?  Yes  No

**FAMILY/WHĀNAU INFORMATION**

Names of brothers/sisters:

\_\_\_\_\_ DoB / / M/F

\_\_\_\_\_ DoB / / M/F

\_\_\_\_\_ DoB / / M/F

\_\_\_\_\_ DoB / / M/F

**ETHNIC GROUP (S) Please tick:**

NZ Maori (NZM) Specify Iwi:

\_\_\_\_\_

NZ European/Pakeha (EUR)

Pacific Islander:

Specify \_\_\_\_\_

Asian:

Specify \_\_\_\_\_

Other:

\_\_\_\_\_

Language spoken at home (other than English)

\_\_\_\_\_

**PRE-SCHOOL DETAILS**

ECE / Kindergarten / Kohanga Reo / Playcentre / Other / Did not attend

Name of centre attended: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Years Attended: \_\_\_\_\_

**ADDITIONAL LEARNING NEEDS INFORMATION**

Has this student had access to special funding?

ORS  Yes  No

Other MOE Funding  Yes  No

Hearing Issues  Yes  No

Vision Issues  Yes  No

Is English a second language?  Yes  No

**Is remedial help required in the following areas?**

Mathematics  Yes  No

Reading  Yes  No

Writing  Yes  No

Please state any special learning or physical needs:

\_\_\_\_\_

\_\_\_\_\_

**SENSITIVE INFORMATION**

Relating to health, legal, special family circumstances, of which the School should be aware or if copies of reports are required by a parent not living with the students – please indicate here. In case of legal access issues – please supply relevant documentation.

- Health: \_\_\_\_\_
- Legal Access: \_\_\_\_\_
- Special Family Circumstances: \_\_\_\_\_
- People who cannot collect child from school: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**CURRICULUM AND CO-CURRICULUM DETAILS**

What strengths, abilities and interests does your child have that you would like us to know about?

\_\_\_\_\_

**ONLINE PRESENCE**

Do you give permission for your child's photo and/or classwork to appear in the school newsletter, website, Facebook or communication apps?

Yes  No

If Yes, which ones: \_\_\_\_\_

**PTA**

Are you happy for us to pass on your email address to our school PTA Yes  No

**MIHI WHAKATAU**

We welcome all new students with a mihi whakatau which is held on the first Friday after starting school. This is a semi-formal welcome ceremony run by our senior students. Whanāu are invited to attend and there is an opportunity for male representatives of the new student to speak if they wish.

## **BUS CODE OF CONDUCT**

The safety and comfort of everyone on the bus depends on all students following our school CARE values and maintaining a standard of behaviour that we expect at school.

Students Must:

- Remain seated at all times, where seats are available.
- Listen to the driver at all times
- Speak quietly and pleasantly to people near you – no shouting or verbal abuse
- Respect the property of the bus operator at all times
- Not engage in any behaviour that could put the driver or other students at risk.

If any problems occur, please speak to your bus monitors and report the incident at the school office.

## **RIDING BIKES/SCOOTERS TO SCHOOL**

You are responsible for ensuring your child travels to school safely. If your child rides a bike or scooter to school they **must** wear a helmet that meets the New Zealand safety standards. Ensure your child has the skills to get to school safely on a bike. Children under 10 should be accompanied by an adult until you are sure they have the skills and confidence to ride in traffic. Before riding to school alone your child should:

- Know the safest route to school and is able to recognise potential hazards including car doors, potholes, rubbish, gates and pedestrians
- Be able to ride confidently in a straight line, at least one metre from parked cars.
- Follow the road rules.
- Use the school crossing even if riding on the road; get off the bike and walk across the road.

Ensure your child's bike is the right size and fit. They must be able to:

- With hands on the handlebar, place the balls of both feet on the ground when sitting on the seat.
- Comfortably stand with two feet flat on the ground when straddling the centre bar.
- Easily grasp the hand brakes and apply enough pressure to stop the bike.

## **FAMILY AGREEMENT**

- As Parent(s)/Caregivers of the students named above, I/we agree to support the kaupapa and CARE values of One Tree Point School.
- In the event of sickness and accident or emergencies whereby staff are unable to contact primary caregivers, I authorise the school to obtain on my behalf any medical assistance if in the opinion of staff such treatment is necessary and agree to meet any costs incurred.
- I will advise the school of any changes of address, email or phone numbers immediately to ensure I can be contacted for the safety of my child.

**DECLARATION: I/we confirm that the information in this application is true and correct in every way.**

**Signed: Parent/Caregiver/Guardian** \_\_\_\_\_

**Date:**

