



BERKLEY
Normal Middle School
26 Berkley Avenue, Hillcrest, Hamilton 3216
Phone: 07 856 6537
Email: office@berkley.school.nz
Website: www.berkley.school.nz



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Application Type (please tick)	
In-Zone <input type="checkbox"/>	Out-of-Zone <input type="checkbox"/>

STUDENT ENROLMENT 2022

(Please return enrolment by 1 September 2021)

Date Received:	Date of Admission:	Enrolment Number:	Room Number:
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STUDENT INFORMATION

Family Name:	Previous School:		
First Name(s):	Date Of Birth:		
Preferred Name:	2021 Year Level: 6 7 8	Gender: Male Female	
Address:			
(If less than 3 months write your previous address)			
In Zone Enrolments Only - Attach as proof of in-zone residence – a recent copy (dated within 3 months of submitting enrolment) of one of the following: electricity or similar invoice, tenancy agreement. Enrolment cannot be accepted without this. We DO NOT accept Rates/Environment Waikato invoices or Sale and Purchase Agreements.			
NOTE			
Names of family members connected with Berkley (please state name and relationship):			
Present:		Past:	

FAMILY INFORMATION

Mother / Caregiver's Name:		
Home Address (if different from above)		
Contact Details	Home Ph:	Work Ph:
Email:		Mobile:
Occupation:		Place of Work:
Father / Caregiver's Name:		
Home Address (if different from above)		
Contact Details	Home Ph:	Work Ph:
Email:		Mobile:
Occupation:		Place of Work:

Emergency Contact (other than parents):		Relationship to Child:			
Phone:		Does anyone NOT have access to the child:			
Student lives with (please tick)	Both Parents	Mother	Father	Caregiver 1	Caregiver 2
Any custody/access arrangements that the school should be aware of. (a copy of documentation must be presented to the office).					

HEALTH, MEDICAL & PERSONAL

Name of Doctor:		Phone:			
Medical Problems:					
Severity:	Mild	Moderate		Severe	
Medications:					
Permission for school to administer medication if needed - (please circle)		Panadol Yes / No	Ibuprofen Yes / No	Antihistamine Yes / No	

Measles Immunisation Documentation

NOTE	My child is fully immunised against Measles (two doses of MMR/Measles vaccine, after the age of one year old) (Please circle) Yes / No Evidence provided of my child's immunisation status for measles e.g. WellChild book or immunisation printout from G.P. Yes / No
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STATISTICAL AND ENROLMENT DATA

Ethnic Group: (please tick)			
NZ Maori	European	Cook Island Maori	Chinese
Indian	Samoan	Tongan	South African
Other (please specify)			
Iwi Affiliations:			
What is the main language spoken at home?			
Students Born Outside New Zealand Must Complete the Following:			
NOTE Please note: For all students not born in New Zealand, their original documentation (Passport/Visa) must be presented to the school office with this enrolment form. The enrolment cannot be accepted until the documentation is shown.			
Country of Birth:		Date of Entry to NZ:	
Status – please tick one			
NZ Citizen	NZ Resident	Student Visa / Permit	International Student
Visa Expiry Date:		Passport Number:	

CLASS PLACEMENT INFORMATION

Information you can share to help your child to make a smooth transition into our school. Please comment where appropriate.

Learning Strengths:
Learning Support Needed (Learning Difficulties) please comment if your child receives Special Education Support
Does your child require support with English as a new language Yes / No
Please list any activities such as music, sports, drama hobbies, your child is involved in:

INFORMATION PRIVACY

I give permission for my child to be treated as necessary by the school designated First Aider or school staff member.

The school is sometimes obliged by law to give information to Government Departments (e.g. Ministry of Education (MoE), Ministry of Health (MoH) and Ministry of Social Development (MSD)) but it will not otherwise be disclosed without your authorisation.

I understand that Berkley Normal Middle School undertakes to collect, update, store and disclose personal information in accordance with the provisions of the Privacy Act, 1993, and the School Code of Practice pursuant to Section 46 of the Act.

Student Digital Practice and Safety Agreement

Our school uses the internet to enhance student learning. From time to time, we publish on the school's Internet website www.berkley.school.nz material for educational purposes, to share the process and outcomes of learning and to promote Berkley within the wider community. This may include examples of student's schoolwork and images of students and groups of students in activities at the school. Images of students may include digital or video images of them taking part in school or class activities.

I have read the **Student Digital Practice and Safety Agreement** form included in the Prospectus and understand that the Information and Communication Technology resource, including the Internet, is available for educational purposes. I recognise that it is impossible for the school to fully restrict access to controversial material. I realise that it is ultimately the responsibility of each student to use the resource responsibly for school related work only. I give permission for my child to be allowed Internet access.

My child understands, and will abide by the conditions and terms set out in the **Student Digital Practice and Safety Agreement**. I further understand that there will be consequences (including loss of ICT privileges in the school) if these conditions are violated.

I wish to make application for my child to enrol at Berkley Normal Middle School. I understand the conditions in the prospectus and agree to abide by them, in particular I agree that:

- The school uniform will be worn fully and correctly
- The school behaviour code will be adhered to
- The policies of the school, additional to the prospectus, will be supported
- I confirm that the address I have provided to the school will be the usual place of residence for my child when school is open for instruction. I will advise the school of any subsequent change of address. Should I subsequently move outside the Berkley School Zone I understand the Board of Trustees has the right to review the enrolment. (*Applicable for in-zone enrolments only.*)

Parent/Guardian Signature:	Student Signature:	Date:
Enrolment Check List – Office Use only Parent/Caregiver and Student have signed the Student Digital Practice and Safety Agreement form <input type="checkbox"/>		
Both Parent/Caregiver and Student have signed the enrolment form <input type="checkbox"/>	Proof of in-zone residence attached (only for in-zone enrolments) <input type="checkbox"/>	
Measles/MMR immunization records are attached <input type="checkbox"/>	Copy of student's passport attached (only if not born in NZ) <input type="checkbox"/>	

