

## **BERKLEY**Normal Middle School



26 Berkley Avenue, Hillcrest, Hamilton 3216

Date of

Admission:

Phone: 07 856 6537

Date

Received:

Email: office@berkley.school.nz Website: www.berkley.school.nz

Application Type (please tick)
In-Zone Out-of-Zone

Room

Number:

## **STUDENT ENROLMENT 2023**

(Please return enrolment by 31 August 2022)

**Enrolment** 

Number:

STUDENT INFORMA	TION								
	ATION	De	ovious Caba	a di					
Family Name:			evious Scho	001:					
First Name(s):			ate Of Birth:						
Preferred Name:		20	22 Year Lev	/el: 6	7 8	Gen	nder:	Male	Female
Address:									
(If less than 3 months write y	our previous address)								
NOTE the follow Rates/Envi	inly - Attach as proof of in-zone ing: electricity or similar invoice, to ronment Waikato invoices or Sale and	enancy agreemen d Purchase Agreem	t. Enrolmen ents.						
Names of family members	s connected with Berkley (please s	state name and re	elationship):						
Present:			Past	:					
	IAN .								
FAMILY INFORMAT									
Mother / Caregiver's Nam									
Home Address (if differen	t from above)								
O ( ( D . ( . ").	Lucio pi		1	1 M 1 D	I.				
Contact Details	Home Ph:			Work P					
Email:				Mobile:					
Occupation: Place of V				f Work:					
Father / Caregiver's Name									
Home Address (if different from above)									
	T								
Contact Details	Home Ph:			Work P	h:				
Email:				Mobile:					
Occupation:				Place o	f Work:				
Emorgonov Contact (otho	r than parents):			Polotio	nchin to (	Child:			
Emergency Contact (other than parents):  Phone:  Relationship to Child:  Does anyone <b>NOT</b> have access to the child:									
Student lives with (please tick)  Both Parents  Mother				Father Caregiver 1 Caregiver 2					
(1	/				•			•	
Any custody/access arrangements that the school should be aware of. (a copy of documentation must be presented to the office).									
HEALTH MEDICAL	& PERSONAL								
HEALTH, MEDICAL & PERSONAL  Name of Doctor: Phone:									
Medical Problems:			110110.						
modical i robionio.									
Severity: Mild		Ti	Moderate				Severe	<del></del>	
Medications:		-							
	administer medication if needed -	(nlease circle)	Panadol Y	es / No	Ihunrofe	en Yes/No	Antihis	tamine	Yes / No
Measles Immunisation		(5.5000 011010)	anador I	55 / 110	ibapioi	- 100/110	7 4141113	, carrinto	1007110
NOTE My child is	fully immunised against Measles my child's immunisation status for	*			_	•			
		·	<u> </u>						

STATISTICAL AN	D ENROLMENT DATA					
Ethnic Group: (please	tick)					
NZ Maori	European	Cook Island Maori	Chinese			
Indian	Samoan	Tongan	South African			
Other (please specify)	<u>'</u>	,				
lwi Affiliations:						
What is the main langu	age spoken at home?					
Students Born Outsid	de New Zealand Must Complete the	Following:				
		Zealand, their original documentation (Pant cannot be accepted until the documenta	ssport/Visa) must be presented to the schoo tion is shown.			
Country of Birth:		Date of Entry to NZ:	Date of Entry to NZ:			
Status - please tick of	one	•				
NZ Citizen	NZ Resident	Student Visa / Permit	International Student			
Visa Expiry Date:		Passport Number	Passport Number:			

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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	s / No				
Please list any activities such as music, sports, drama hobbies, your child	I 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 <a href="www.berkley.school.nz">www.berkley.school.nz</a> 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 S	udent have signed the Student Digital Practice and Safety Agreement form				
Both Parent/Caregiver and Student have signe	ed the enrolment form	Proof of in-zone residence attached (only for in-	-zone enrolments)			

Measles/MMR immunization records are attached Copy of student's passport attached (only if not born in NZ)