



# Clifton Terrace Model School

## Student Application Form

Enrol No. \_\_\_\_/\_\_\_\_

Surname		First Name(s)	Preferred Name
Residential Address (evidence may be required)		Home Phone	Date of Birth (cert/passport required)
		E.mail address for school notices (Mother)	
		E.mail address for school notices (Father)	
Postal Code	In Zone/Out of Zone	Gender: Male/Female	Year Level: NE 1 2 3 4 5 6 7 8
Student lives with:		Name of siblings currently at this school	Name of previous pre-school/School
Both Parents/ Mother / Father / Guardian		Name of siblings who may attend this	Regular hours of attendance per week at Early Childhood Education
Other (please specify) school			Number of years ECE attended:
<b>FIRST CONTACTS</b> e.g. Mother/Father/Guardian			
Full Name		Full Name	
Relationship to Child		Relationship to Child	
Home phone		Home phone	
Work phone		Work phone	
Occupation		Occupation	
Mobile phone		Mobile phone	
<b>ALTERNATIVE EMERGENCY CONTACTS</b> e.g. Relative/Friend/Neighbour			
Full Name		Full Name	
Relationship to child		Relationship to child	
Daytime phone		Daytime phone	
Mobile phone		Mobile phone	
<b>MEDICAL INFORMATION</b>		<b>CUSTODY/ACCESS RETRICTIONS</b>	
Doctors Name	Phone	Note custody issues here (attach appropriate documents)	
Existing Medical Conditions			
Immunisations completed and Certificate received YES/NO			
Pamol to be given according to staff's discretion YES/NO			
<b>ETHNICITY</b>		<b>STUDENTS NEW TO NEW ZEALAND</b>	
Country of birth		Date of entry in NZ	Country of birth
NZ European	NZ Maori	Immigration Documents/Permits	
Iwi/Ethnicity (please specify)		Expiry date	
		Spoken language (at home)	

**PERMISSION AND CONSENT DETAILS**

I give permission for my child to attend all Education Outside the Classroom Trips (E.O.T.C.) YES / NO  
Individual permission will be sought for overnight trips/excursions in high risk situations.

I give permission for my child's photograph images to be published on the CTMS school website, YES / NO  
school newsletter or any school approved publication.

I give permission for my child to use the school computers and internet within the constraints of the YES / NO  
school's Cyber Safety Agreement. My child will not bring disks or usb sticks to school, neither will  
my child use the computer without supervision.

I give permission to seek medical attention in the event of an emergency, or being unable to contact YES / NO  
you.

I give permission for our contact details to be included in the parent/child address and telephone YES / NO  
list so families can arrange play dates.

Are there any special abilities/needs/issues the school should be aware of concerning your child?

Parent's signature

Date