



Murrays Bay Primary School

International Student Enrolment Form

To apply for enrolment at Murrays Bay Primary School, please complete this application form and forward it to: ilse@murraysbay.school.nz

For Office purposes only.

Year Level: _____ **Room No:** _____ **Start Date** _____

Paid: _____ **NSN number:** _____ **Finishing Date:** _____

Student

Family Name: _____ First Name: _____

Birth Date: _____ Preferred Name: _____

Ethic group: _____ Country of Origin: _____

First language: _____ Gender: Male / Female

Previous school (if in NZ): _____

How long does the student want to enrol for? _____ Start date: _____

Parents

Mother: Family Name: _____ First Name: _____ Occupation: _____

Father: Family Name: _____ First Name: _____ Occupation: _____

Address: _____

Contacts: Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Emergency contact number in home country: _____

Who is the emergency contact person? (Must not be a parent): _____

Is there a sibling who is currently at the school or will be enrolling with this student:

Name: _____

Residence in New Zealand:

Who is staying with the student for the duration of the tuition:

Mother / Father (please circle)

(Primary School students must have one of their parents staying with them for the full duration of their tuition in New Zealand – as per the Code of Practice International Students Section: 13.7.1)

NZ Immigration Status: _____ Occupation: _____

NZ Address: _____

NZ Contacts: Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact Name: (Must not be the caregiver): _____

Phone No: _____

Email: _____

Agent Details (If Applicable)

If Yes please state name of Agency: _____ Contact person: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Medical and travel insurance is compulsory for international students coming to New Zealand.

(NZ- Please provide a copy of the policy **in English**) Insurance Company: _____

If I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

Does your child have any pre-existing medical conditions or concerns? Yes No

If Yes please state: _____

Does your child have any allergies?

Does your child carry any medication for this allergy?

Name any other medication your child requires: _____

Doctor's name: _____ (in New Zealand if you have one)

Murrays Bay Primary School expects to be able to meet the learning needs of children enrolled at the school.

Does your child have any special learning or behavioural needs? Yes No

If Yes please state: _____

Please attach the copy of the student's passport to this enrolment form.

- I, the parent guarantee the above information is correct and that any false and or misleading information given in this application may affect the validity of my child's enrolment.
- I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- I have been informed about and received a summary of the Code of Practice for International Students
- I have been informed about all costs involved with enrolment and the school's policy regarding fee refunds.
- I have read, understood and accept the policies, rules and procedures regarding International Students at Murrays Bay Primary School and agree to abide by them.
- I agree that all disputes will be dealt with in accordance with New Zealand law.
- I will inform the school if there are any changes to the details of this application.
- I give permission for my child or his/her work to be photographed and displayed in school publications, including the website, school magazine and newsletter. Yes / No (circle one)

Signed: _____ **(Parent)**

Enrolment must be signed by parent

Name: _____ **Date:** _____

School Office Use: [] Passport [] Visa

Approved / Declined / Hold [] eTap [] ENROL

Signed: _____ **Date:** _____ **House: Kowhai Pohutukawa Tawa Rimu**

MURRAYS BAY SCHOOL DEVICE AND INTERNET USE FROM YEAR 0 - 2 AGREEMENT

To the parent/caregiver/legal guardian, please:

1. Read this page carefully with your child, to check that you both understand your responsibilities under this agreement.
2. Sign the appropriate section on this form.
3. Detach and return the signed section to the school office.
4. Keep this document for future reference.

School Responsibilities	<p>At our school, we will:</p> <ul style="list-style-type: none"> • encourage safe and effective use of technology and the internet • work within the school's digital technology guidelines • provide clear guidelines around the use of devices at school <p>If a student breaches the internet agreement, they may lose the privilege of using devices /internet access at school, and the school's behaviour management plan may be invoked.</p>
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Student Responsibilities	<p>When I use the internet / device at school I will:</p> <ul style="list-style-type: none"> • follow the school's digital technology rules • use the device when and where the teacher gives me permission • only access the internet with the teacher's permission and if an adult is present • only use my own login and password • be in control of the device and not share it with other students, apart from letting them see the screen <p>I will not use a device / the internet to be mean, rude, or offensive to anyone.</p>
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Parent Responsibilities	<p>I give permission for my child to use the internet / device at school and I will:</p> <ul style="list-style-type: none"> • encourage them to use it responsibly • take an interest in how they are using the internet or devices at home • be aware of the content and applications on the device / internet • contact the school if I have any concerns about cybersafety or other related issues.
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Note: This agreement for your child will remain in force as long as he/she is enrolled at this school.

I have read this Device / Internet use agreement, and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

I give my permission for my child to have his/her photo/digital image published when relevant to school activities **YES / NO (please circle)**

Student's name _____ Students signature _____

Parent/caregiver/
legal guardian's name _____ Parent's signature _____

Date _____

MURRAYS BAY SCHOOL

BRING YOUR OWN DEVICE FROM YEAR 3 – 6 (BYOD) AGREEMENT

To the parent/caregiver/legal guardian, please:

5. Read this page carefully with your child, to check that you both understand your responsibilities under this agreement.
6. Sign the appropriate section on this form.
7. Detach and return the signed section to the school office.
8. Keep this document for future reference.

School Responsibilities	<p>At our school, we will:</p> <ul style="list-style-type: none"> • encourage safe and effective use of technology and the internet • work within the school's digital technology guidelines • provide clear guidelines around the use of devices brought from home • provide safe storage for students' devices when not at use, e.g. break times. • School does not take responsibility if device is lost, damaged or stolen <p>If a student breaches the BYOD agreement, they may lose the privilege of bringing their own device to school, and the school's behaviour management plan may be invoked.</p>
Student Responsibilities	<p>When I bring my device to school I will:</p> <ul style="list-style-type: none"> • follow the school's digital technology rules • use my device when and where the teacher gives me permission • only access the internet with the teacher's permission and if an adult is present • only use my own login and password • be in control of my device and not share it with other students, apart from letting them see the screen • charge my device at home so that it doesn't need charging at school • take care of my device so that it isn't damaged or stolen. <p>I will not use my device to be mean, rude, or offensive to anyone.</p>
Parent Responsibilities	<p>I give permission for my child to bring their device to school and I will:</p> <ul style="list-style-type: none"> • encourage them to use it responsibly • take an interest in how they are using the device • be aware of the content and applications on the device • be responsible for the device's maintenance and insurance • keep a record of the device's serial number and details • contact the school if I have any concerns about cybersafety or other related issues.

Note: This agreement for your child will remain in force as long as he/she is enrolled at this school.

I have read this Bring Your Own Device (BYOD) use agreement, and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

I give my permission for my child to have his/her photo/digital image published when relevant to school activities **YES / NO (please circle)**

Student's name		Student's signature
Parent/caregiver/ legal guardian's name		Parent's signature
Date		

Murrays Bay Primary School
for Students with English as a
Second Language

Background Information:

Family name: _____ First name: _____

Likes to be called: _____ Date of birth: _____

Date of arrival in New Zealand: _____

Number of brothers and sisters: (please give their names and ages)

Names:	Male/Female	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your child's hobbies or interests?
What do they like doing when they have free time?

What special skills and talents does your child have?

What subjects do they enjoy learning most of all?

What other information can you provide that would assist us in planning a programme for your child?

Languages used in your home:

Mostly spoken _____ Mostly written / read _____

What other languages does your child know?

Understands _____ Speaks _____ Reads _____ Writes _____

Previous education in your home country

Please state if your child has had any previous education experiences in your own country or another country e.g. play group, kindergarten, primary school etc.

Name of schools

Place

Length of time

Other comments or information that would assist us in providing appropriate support for your child:

Immunisation Record

Primary Schools in New Zealand are required to keep an immunization register of children attending their school. The register can help reduce the spread of vaccine-preventable diseases in primary schools as well as the wider community, by providing an ongoing record of who has been immunised for what and when.

Can you please have the student's immunization certificate translated and tick the appropriate box below for which vaccine they have received or not.

Name: _____

Vaccination name	Yes	No
Heptitus B		
HIB		
Measles		
Meningococcal B		
Mumps		
Pertussis		
Polio		
Rubella		
Tetanus		

Declaration

All information given on this form is true and correct.

Parent/Guardian signature: _____

Date: _____