



# FENDALTON SCHOOL

168 Clyde Road  
Fendalton  
Christchurch 8052  
New Zealand

t: 351 9788  
f: 351 0786  
e: office@fendalton.school.nz  
w: www.fendalton.school.nz

**Enrolment form:** (please circle one) **In-zone application** **Out of zone application**

## Student details:

**Full legal names:** \_\_\_\_\_  
Family name First name(s) Middle name(s)

**Preferred name/s:** \_\_\_\_\_

**Gender:** M / F **Date of birth:** \_\_\_\_\_ **Place in family:** \_\_\_\_\_ out of \_\_\_\_\_ children

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Pre-school details (kindergarten etc):** \_\_\_\_\_

## Family details:

**Caregiver- father** \_\_\_\_\_ **Caregiver- mother** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Home address** \_\_\_\_\_  
(if different to student details above) (if different to student details above)

**Home phone** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Mobile phone** \_\_\_\_\_ **Mobile phone** \_\_\_\_\_

**Work address** \_\_\_\_\_ **Work address** \_\_\_\_\_

**Work phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Email address to receive newsletter & school information link** \_\_\_\_\_

**Child lives with (please tick one)**  both parents  mother  father  caregiver

**Other information** (Restricted access, 2 set of reports, 2nd email address etc)

## Emergency contacts (when caregivers are unable to be contacted)

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Sibling(s) already attending Fendalton School** \_\_\_\_\_ **Rm(s)** \_\_\_\_\_

**Future attendees** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **M / F**

\_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **M / F**

**Previous school: (if applicable)** \_\_\_\_\_ **Year level** \_\_\_\_\_

## Office use only

Proof of address  Verification Documentation \_\_\_\_\_

Work permit  Student permit  ENROL  EDB \_\_\_\_\_

Enrolment number \_\_\_\_\_ Date entered in school records \_\_\_\_\_ Year level \_\_\_\_\_ Room \_\_\_\_\_

Class Room Teacher \_\_\_\_\_ Fendalton Friends \_\_\_\_\_

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## Ethnicity and Country of origin

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Ethnic group (Please circle up to three) Please state your ethnic group in detail.

**Maori - Iwi** \_\_\_\_\_ **NZ European/Pakeha**  
**Pacific Island** \_\_\_\_\_ **Asian** \_\_\_\_\_ **Other** \_\_\_\_\_  
Citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_  
Home language spoken \_\_\_\_\_ Entered NZ on \_\_\_\_\_ if not NZ citizen  
eg: Mandarin/Cantonese Permit Expiry Date \_\_\_\_\_

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## Medical Information

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Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have any allergies, medication requirements etc? eg.

Asthma - Inhaler required Yes / No

Bee sting allergy

Please detail medication requirements and / or any other medical conditions \_\_\_\_\_

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## Other Information

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We want to provide your child with the best education we can. We ask you to fill out this form fully to help us make the most informed choices we can as your child begins at our school. The more information we receive the better able we are to make the right decisions for your child's placement.

Please tell us about your child. Maybe pre-school friendships that are important or any other information you would like us to know \_\_\_\_\_

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Does your child have any special interests or hobbies eg sports, drama, etc?

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Has your child been assessed? \_\_\_\_\_ By whom and for what purpose? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

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Is there anything else you would like us to know about your child?

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## Religious Instruction

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Religious Instruction is held Friday mornings 9-9.30am. Please indicate if your child will take part in this programme. Please circle one.

**Yes**

**No**

If "no", please circle whether your child will be

• attending school at 9.30am or

• going to the school library at 9.00am

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CHRISTCHURCH 8052  
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## Conditions of enrolment at Fendalton School

### 1. School fees (voluntary)

The annual school fees shall be the sum fixed from time to time by the Board of Trustees. The Board reserves the right to review any fees charged and will notify changes accordingly. For students leaving the school, fees are refundable at the discretion of the Board.

### 2. Attendance

The school requires punctual and regular attendance from all students. Extended absence due to overseas travel is discouraged. **Out of Zone** families need to be aware that after 15 consecutive weeks absence within a school year the student must be removed from our school roll. Re-admission would have to follow the out of zone enrolment process. This may mean that your child may be unable to return to Fendalton School. You are advised to discuss any overseas travel with the Principal before any travel commitments are made.

### 3. Emergency or incapacity

In the event of illness, accident or emergency the school will seek to contact parents/caregivers or any other emergency contacts in accordance with the emergency details completed by you on the enrolment form for the student. In the event that no contact can be made or if urgent medical or other attention is required you agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for the student.

### 4. Standards of conduct

I acknowledge on behalf of the student and family that we are bound by the rules of the school, the policies of the Board and the principles of the school charter.

### 5. Uniform

The student will wear the uniform of the school in accordance with the uniform guidelines provided by the Board of Trustees.

### 6. Student information

The parent(s) and caregiver(s) will notify the school of any change in information contained in this form and the enrolment form as soon as is reasonably practical. For the purposes of the Privacy Act 1993, this information and any other information held or acquired by the school relating to the student's education, health, welfare or safety may be released to parties outside the school at the discretion of the Principal or any person lawfully delegated on his/her behalf. In addition, any information relating to the students education at the school may be released to the PTA for the legitimate purposes of that body.

#### Please complete:

We accept these conditions of enrolment for \_\_\_\_\_ and agree to abide by them:

|                  |                   |                  |
|------------------|-------------------|------------------|
| Signed: _____    | (name of student) | Signed: _____    |
| Full name: _____ |                   | Full name: _____ |
| Date: _____      |                   | Date: _____      |

Please check you have included with your enrolment the following:

- this form completed and signed
- proof of address (if inzone)
- verified copy of birth certificate or passport and permits if required