

NZSL Day School Registration

Personal details	
Student's full legal name	
Date of birth	
Please select which is applicable	Deaf/Hard of hearing <input type="radio"/> Hearing <input type="radio"/>
Gender	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
Primary residential address	
Ethnicities	
Iwi/Hapu affiliation(s)	
Home language(s)	
Name of school your child is enrolled at	
Year Level	
Child's Teacher	
Teacher Contact Details	
Permission given to contact your child's school for academic information.	Yes <input type="radio"/> No <input type="radio"/>
In general, how would you describe your child's current receptive NZSL skills? How much do they understand when signed to?	
Not at all	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Understands pretty much everything
In general, how would you describe your child's current expressive NZSL skills? How much do you think a fluent NZSL adult would understand when your child signs to them?	
Not at all	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Understands pretty much everything
Child's interests, strengths and preferences	
In general, how would you describe your child's understanding of literacy? e.g. Do they enjoy books, are they exposed to captions at home, can they recognise letters/words in their environment	
Not at all	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Understands pretty much everything
Is your Child in a bilingual (NZSL and spoken language) environment outside of the NZSL Day School?	Yes <input type="radio"/> No <input type="radio"/>

Parent/guardian 1 details

First name

Surname/family name

Address (if different from above)

Home phone

Work phone

Mobile number

Email

Relationship to child

Please select which is applicable

Hearing

Deaf

Is this person to receive mail in relation to this student?
e.g. Notices, Board of Trustee notifications, newsletters etc.

Yes

No

Parent/guardian 2 details

First name

Surname/family name

Address (if different from above)

Home phone

Work phone

Mobile number

Email

Relationship to child

Please select which is applicable

Hearing

Deaf

Is this person to receive mail in relation to this student?
e.g. Notices, Board of Trustee notifications, newsletters etc.

Yes

No

Transport

Select which applies to you (No guarantees your child will be accepted to receive Taxi funding. If they are not accepted, parents will be responsible to transport their child)

My child requires transport to and from Day School **(subject to availability)**

I will take my child to/from NZSL Day School

I give permission for my child to be transported to and from to NZSL Hub by a RTD or designated driver -
You will be notified of the driver **(subject to availability)**

Additional emergency contact(s) who can pick up your child

First name			
Surname/family name			
Address			
Home phone		Work phone	
Mobile number			
Relationship to child			

Additional emergency contact(s) who can pick up your child

First name			
Surname/family name			
Address			
Home phone		Work phone	
Mobile number			
Relationship to Child			

Custodial statement

Are there any custodial arrangements concerning your child Yes No

If yes, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person(s) who can NOT pick up your child

Person 1	
Person 2	
Person 3	
Person 4	

Health information

National Student Number (NSN, if known)

National Health Index Number (NHIN, if known)

Ongoing Resource Scheme (ORS)

Verified: High

Very high

N/A

Ongoing Resource Scheme Number

Child's doctor

Name of medical centre

Phone

Description of Hearing type

Sensorineural

Conductive

Mixed

Deaf/Hard of Hearing status

Mild

Moderate

Severe

Profound

Family History of Deafness (if any)

Family history of deafness (if any)

Health and social wellbeing

Illness/allergies

If there is an allergy known, please state treatment required

Please list any learning/behavioural needs and other relevant information that will help the NZSL Day School staff to provide appropriate care

Is your child immunised?

Yes

No

Is your child up to date with immunisations?
(please provide verification of all immunisations)

Yes

No

Has your child's vision been tested?

Yes

No

Medicine: Category (i) all students

Category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve Category (i) medicines to be used on your child?

Yes

No

Name(s) of specific Category (i) medicines that can be used on my child, provided by service

Parent/guardian signature

Date

Medicine: Category (ii) students Year 1-6

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc.) or non-prescription (such as paracetamol liquid, cough syrup etc.) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a Category (ii) medicine is to be administered, detailing the name of the medicine, the method, the dose and the time or specific symptoms/circumstances the medicine is to be given.

Parent/guardian signature

Date

Medicine: Category (ii) students year 7 and up

Category (ii) medicines are prescription medicines such as antibiotics, eye/ear drops etc. or non-prescription medicines such as:

- Paracetamol tablets 500mg 4 hourly (up to 4 doses in 24 hours)
- Ibuprofen tablets 400mg 8 hourly (no more than 3 doses in 24 hours)
- Cough syrup (as per instructions on product label)
- Medicine that is used for a specific period to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service

I acknowledge that my child can self-manage the administration of these medications and that if the school provides them then a clear record of administration will be kept, and medication limits will not be exceeded.

Parent/guardian signature

Date

Medicine: Category (iii) all students

To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthma or eczema etc. and is used for that child only

For staff: Individual health plan sighted, and a copy taken

Yes

No

Name of medicine

Method and dosage

Time medicine needs to be taken

Specific symptoms

Parent declaration

I declare that all information above is true and correct to the best of my knowledge

Parent/guardian signature

Date

Enrolling School use

I consent to _____ attending the NZSL Immersion Day School

In agreeing for this student attending the NZSL day school we understand that their attendance at the Day School will be reported to us termly. We will use the "Q" code on our SMS for attendance for this student. Any changes to our permission for this student to attend will be communicated with the NZSL Immersion Day School Lead.

Principal Name and Signature

Date

Ways to send completed forms

Post

Scan and email

For office use only

Application received

Date to commence

NZSL Day School location