



ENROLMENT FORM

STUDENT DETAILS

Full Legal Name: _____
First Name Middle Name Family Name

Known As (if different from above) _____

Gender: (Please circle) Male Female Date of Birth: _____

Street Address: _____ Postal _____

Town _____

Contact details: Ph: _____ Cellphone _____ Email _____

Child Lives With: Both Parents Mother Father Caregiver

Siblings at school: _____

Ethnicity: NZ Maori Cook Is Tongan Chinese
NZ European/Pakeha Samoan Fijian

Other please state _____

IWI: _____

Citizenship: _____

If you are not a New Zealander, what was the date you entered New Zealand? _____

If your child is a new entrant you must supply a copy of his/her birth certificate or passport.

PARENT DETAILS

Full Name of father: _____
First Name Middle Name Family Name

Street & Postal Address: _____
If different from above

Occupation: _____

Company Name: _____

Contact Numbers: Ph hm _____ Ph wk _____ Cellphone _____

Full Name of mother: _____
First Name Middle Name Family Name

Street & Postal Address: _____
If different from above

Occupation: _____

Company Name: _____

Contact Numbers: Ph hm _____ Ph wk _____ Cellphone _____

CAREGIVER DETAILS

Full Name: _____
Full Name Caregiver 1 Full Name Caregiver 2

Street & Postal Address: _____

Contact Numbers Caregiver 1: Ph hm _____ Ph wk _____ Cellphone _____

Contact Numbers Caregiver 2: Ph hm _____ Ph wk _____ Cellphone _____

PREVIOUS PRESCHOOL/SCHOOL DETAILS

Name of school previously attended: _____

Address: _____

What school year were you in _____ Yr: _____

Name of Preschool ie Kindergarten/Kohanga Reo _____

EMERGENCY DETAILS This is someone we can phone to come and collect your child in cases of illness or accident if we're unable to contact the parents/caregivers.

1st Emergency Contact Name: _____ Phone No. _____

Relationship: _____

Address: _____

2nd Emergency Contact Name: _____ Phone No. _____

Relationship: _____

Address: _____

CUSTODY ARRANGEMENTS If this applies to your child, please print details below. Please supply a copy of the court order.

MEDICAL INFORMATION

Is your child **fully/partially/not** immunized? (Please circle)

Does your child have allergies or any other medical condition we need to be aware of?

Asthma Inhaler Required Bee Sting Allergy Diabetes Food Other

Please state other _____

Name of Dr _____ Address _____ Phone _____

PASTORAL INFORMATION

I agree to the nurse checking for nits, sore throats, school sores and scabies (and any other contagious virus/disease) . Yes No

I agree to my child participating in a school party to attend local tangi. Yes No

I have signed the Cyber Safety Agreement. Yes No

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school.

Signature of parent/caregiver _____

OFFICE USE ONLY

NSN. _____ Yr: _____ Enrolment Number: _____ Enrolment Date: _____

Whanau class: _____ Teacher: _____
