



# 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 \_\_\_\_\_

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 \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

Email \_\_\_\_\_

## CAREGIVER DETAILS (If student does not live with parents)

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 \_\_\_\_\_

Email \_\_\_\_\_

## 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.*

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

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

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

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

## CUSTODY ARRANGEMENTS *Please supply a copy of the court order.*

## MEDICAL INFORMATION

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

Is the Immunisation Certificate attached? Yes No

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/Dr checking for nits, sore throats/throat swab, school sores and scabies (and any other contagious virus/disease) . Yes No

Should my child/ren need Panadol/Parmol to ease a headache or mild illness, I give my permission. 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: \_\_\_\_\_