

STUDENT DETAILS Legal Family Name:			Boy/G	Sirl	Ref: Std Forms/Enrolme Birthdate: / /	
Legal First Names:			Previo			
Preferred surname: (if different from above)		Preferred first i	name:	<u> </u>		
I Place in Family:	lame of Eldest Child at the school	,				
Address:			Curre Class	nt /Year Leve	el	
Phone No: Ce	ell:				d Education: Only see over≕	
Liliali.					-	
CAREGIVER DETAILS with	Relation	nship Living	Occu	pation:	Hours:	
Title Family Name First Na	me to Chi	ild <u>Chi</u> Yes				
Employment Address:			Conta	act Phone:		
<u>Title</u> <u>Family Name</u> <u>First Name</u>	<u>e</u> Relation to Ch		ld	pation:	Hours:	
Employment Address:		1 00/		act Phone:		
Emergency Contact Names: 1st	G.parer	nt/Aunt/Other (ci	rcle) Contac	ct Phone:		
2 <sup>nd</sup>	•	nt/Aunt/Other (ci	•	ct Phone:		
Doctor:	•	Other Profession				
Names of Legal Guardians:		201011101000101	idio			
Extra copy of school report to:						
CUSTODY ARRANGEMENTS/ACCESS RE	ESTRICTIONS		Ethnic Gro			
			lwi (1)			
Court Order issued? Yes / No / NA Deta	ails:		\ /	•	s Education: Yes / No	
HEALTH (Attach separate sheet if more spa	ace required)					
Allergies:				Sight:		
Medication: Serious Problems:				Speech: Hearing:		
Sellous Floblettis.				пеанну.		
OTHER DETAILS Hobbies/interests/clubs etc:						
Learning & Behaviour Needs:						
Other Special Education Agencies involved:  How did you hear about Bellevue School:						
Names of Members of Family likely to be 1.		Birthdate: /	/ 3.		Birthdate: / /	
attending this school in the future. 2.		Birthdate: / /	4		Birthdate: / /	
In terms of the Privacy Act, I understand that the inform collected to form part of the essential information the so child. The records made from this information may be	chool holds on my		dden illness or		action on my behalf in agree to abide by	
the school. I approve the forwarding of information who another school. I further approve the forwarding of my	en my child transfers t child's name and					
address on request to a potential intermediate or secor I give permission for my child to accompany his/her cla within walking distance of the school.		rents SIGNATU	RE OF PARE	NT/CARE	GIVER	

ADDITIONAL INFORMATION (eg Whakapapa, Genealogy, Family Details, Residency Status)	Birthdate verified: (NE only)	Reg. Number
	Address Verified (zone)	
		School Stamp/ Date of Entry
	New Class:	
	Room Number:	
	Teacher:	

## **Prior-participation in Early Childhood Education**

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

## Instructions:

- 1. If your child was attending more than one service at the same time, please enter hours per week for up to three services.
- 2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- 3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

Name of Pre-School / Centre attended:	

Please enter the number of hours per week for up to three		Service 1	Service 2	Service 3
sei	vices:	(hrs/week)	(hrs/week)	(hrs/week)
a.	Kohanga Reo			
b.	Playcentre			
C.	Kindergarten or Education and Care Centre			
d.	Home based service			
e.	Playgroup			
f.	The Correspondence School – Te Aho o Te Kura Pounamu			

OR

Ple	ease tick the appropriate box	
g.	Attended, but only outside New Zealand	
h.	Attended, but don't know what type of service	
i.	Did not attend	
j.	Unable to establish if attended or not	

## Did your child regularly attend Early Child Education?

0	ariy attend means the child was booked in to a service for sessions each week/forthight, and lly went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.
	Yes, for the last year(s)
	Not regularly, only occasionally with no on-going schedule
	No, did not attend ECE