



ENROLMENT FORM

ref: Std Forms/Enrolment

STUDENT DETAILS		Boy/Girl	Birthdate: / /
Family Name:		Previous School:	
First Names:		Address:	
Place in Family: of	<i>Name of Eldest Child at the school</i>	Current Class/Year Level	
Address:		Previous Dental Clinic	
Phone No:	Cell:	Previous Kinderarten/ Playcentre/Te Kohanga Reo	
Email:			

CAREGIVER DETAILS					Occupation:	Hours:
<u>Title</u>	<u>Family Name</u>	<u>First Name</u>	<u>Relationship to Child</u>	<u>Living with Child Yes/No</u>		
Employment Address:					Contact Phone:	
<u>Title</u>	<u>Family Name</u>	<u>First Name</u>	<u>Relationship to Child</u>	<u>Living with Child Yes/No</u>	Occupation:	Hours:
Employment Address:					Contact Phone:	
Emergency Contact Names:						
1st	G.parent/Aunt/Other (circle)			Contact Phone: _____		
2 nd	G.parent/Aunt/Other (circle)			Contact Phone: _____		
Doctor :				[Other Professionals		
Names of Legal Guardians:						
Extra copy of school report to:						

CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS	Ethnic Group(s)
	Iwi (1)
	Iwi (2)
Court Order issued? Yes / No /NA Details:	Religious Education: Yes / No

HEALTH (Attach separate sheet if more space required)	
Allergies:	Sight:
Medication:	Speech:
Serious Problems:	Hearing:

OTHER DETAILS			
Hobbies/interests/clubs etc:			
Learning & Behaviour Needs:			
Other Special Education Agencies involved:			
Names of Members of Family likely to be attending this school in the future.			
1. _____	Birthdate: / /	3. _____	Birthdate: / /
2. _____	Birthdate: / /	4. _____	Birthdate: / /

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. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school: I give permission for my child to accompany his/her class on trips/sporting events within walking distance of the school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.



SIGNATURE OF PARENT/CAREGIVER

ADDITIONAL INFORMATION <i>(eg Whakapapa, Genealogy, Family Details, Residency Status)</i>	Birthdate verified: (5 years only)	Reg. Number
	School Info Package Issued	
	New Class:	School Stamp/ Date of Entry
	Room Number:	
Teacher:		