



Student Code

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Student's Name

Use full legal names, and then preferred names (but only if different).

Surname _____

First Name _____

Middle Name _____

Preferred First _____

Preferred Surname _____

Personal

Date of Birth (dd/mm/yy) _____

Gender male female

Intended Start Date _____

Intended Year Level _____

Specify any siblings (including half or step) who attend, will attend or have attended this school:

Dietary Requirements YES / NO

Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Physical Address _____

This is the student's place of residence

Document Check

Please include copies of the following documents.

- Verification of Identity
 Immunisation Certificate

NSN _____

Home Class _____ Funding Year Level _____

Emergency Contact

Surname _____

First Name _____

Relationship to student _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Physical Address _____

Civil Defence Contact

Surname _____

First Name _____

Relationship to student _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Physical Address _____

Medical Contacts

Doctor _____

Medical Centre _____

Phone _____

Ethnicity

Ethnicity: 1 _____

2 _____

3 _____

If Māori, Iwi: 1 _____

2 _____

3 _____

