

Student Enrolment Form

Primary School	Student Code
Student's Name	NSN
Use full legal names, and then preferred names (but only if different). Surname	Home Class Funding Year Level
First Name	Emergency Contact
Middle Name	
Preferred First	
Preferred Surname	
Personal	Home Phone
Date of Birth (dd/mm/yy)	Work Phone
Gender \square male \square female	Mobile Phone
Intended Start Date	Email Address
Intended Year Level	Physical Address
Specify any siblings (including half or step) who attend, will attend or have attended this school:	Civil Defence Contact
	Surname
Dietary Requirements YES / NO	First Name
	Relationship to student
Ш	Home Phone
Primary Contact Only use 'Restricted Access' and 'Custody' where custody is an issue.	Work Phone
	Mobile Phone
Surname	Email Address
First Name	Physical Address
Relationship to student	
Salutation Occupation:	Medical Contacts
Home Phone	
Work Phone	Doctor
Mobile Phone	Medical Centre
Email Address	Phone
☐ Bill Payer ☐ Restricted Access ☐ Custody Physical Address	Ethnicity Ethnicity: 1
\Box This is the student's place of residence	2 3
Document Check	If Māori, lwi: 1
Please include copies of the following documents.	2
☐ Verification of Identity	
☐ Immunisation Certificate	3

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	

For 'Verification Document' please attach a copy (e.g. passport, birth certificate) 'First schooling date' is the date your child first attended primary school. if necessary. 'Serial Number' refers to the reference number on the Verification Document. Preschool: How many years? _____ Hours per week___ Citizenship ☐ Attended Early CE but type unknown Verification ☐ Attended Kindergarten, Play centre, Education & Care or Home based Service (includes by correspondence) Eligibility: \square NZ Citizen \square NZ Resident ☐ Attended Kohanga Reo ☐ Other _____ ☐ Attended Playgroup or Pacific Islands EC group ☐ Did not attend any type of early childhood centre Verification Document Name of previous NZ school / preschool attended: Serial Number _____ Exchange Scheme First schooling date (dd/mm/yy) Date in NZ (dd/mm/yy) ______ **Health and Disability** Expiry Date (dd/mm/yy) Please attach relevant documentation. Please note if the condition is critical. Allergies / Conditions /Treatment **Pastoral Notes** Please include any other information you'd like to share about your child, or Immunisation: ☐ Fully ☐ Partly ☐ Not any of the contacts. Please attach a certificate. ☐ Yes ☐ No Disability: Details Special Needs: □Yes □No ORRS Level: ☐ Very High ☐ High ☐ Non-ORRS Details **Languages (other than English)** Māori Language hrs per week Office use only Spoken Languages 1 Learning Language _____ **Consents -** Please check the consents that you agree with for your child. ☐ Sudden Injury/ Illness - I give permission for the Principal/School to act on my behalf in any medical emergency. ☐ Panadol - I give permission for the school to administer Panadol to my child without needing to contact me first. **Publication of Student Works and Photos** ☐ I give permission for the school to publish my child's original work on the school website, class wikis, blogs or other media such as ☐ I give permission for the school to publish any photos of my child on the school website, class wikis, blogs or other media such as newspapers. Other ☐ Internet - I give permission for my child to have supervised access to the internet while at school. ☐ Outdoor Education - I give permission for my child to partake in Outdoor Education provided by the school. ☐ Class List - I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list. ☐ Future Schools - I give permission for my child's name and contact details to be forwarded to potential schools. Declaration I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Citizenship

For 'Citizenship' name the country/countries your child is a citizen of.

Schooling

'Preschool' is only relevant if your child is entering this school at year 1.

Name:....

If your child was last at a non-NZ school put 'overseas school'.

Signature:....