



ENROLMENT FORM

Office use:
Date / /
Filed into system by:
Class: Room:

Name of Pupil _____
(Family Name) (First Name/s)

Preferred Name _____

Mail to whom _____ Home Phone _____

Home address _____

In Zone: Yes/No (Circle one) **Verification:** Bank statement, power/telephone account, other

Country of origin NZ/ _____ Language English/ _____
(cross out one)

Previous School _____ Early Childhood education _____

Gender M/F Date of Birth / / Verified _____ Enrolment No _____

Date first started school / / Date first attended this school / /

Enrolment status: Regular class student/ Fee paying/ Special Education Agreement
(cross out all except one) (List Detail: _____)

Caregiver 1 Details: Father/Mother/Other _____

Name _____ _____ Mrs/Mr/Miss/Ms
(Family Name) (First Name/s)

Address _____ Home Phone _____
_____ Work Phone _____
_____ Cellphone _____

Occupation _____

Place of work _____

Other siblings likely to attend: _____ DOB / /
_____ DOB / /

Caregiver 2 Details: Father/Mother/Other _____

Name _____ _____ Mr/Ms/Miss/Mr
(Family Name) (First Name/s)

Address _____ Home Phone _____
_____ Work Phone _____
_____ Cellphone _____

Occupation _____

Place of work _____

Caregiver 3 Details: Emergency contactName _____ Mr/Mrs/Ms/Miss
(Family Name) (First Name/s)Home Phone _____ Work Phone _____ Relationship to student _____
(e.g. Grandparent/neighbour/friend)**Caregiver 4 Details: Emergency contact**Name _____ Mr/Mrs/Ms/Miss
(Family Name) (First Name/s)Home Phone _____ Work Phone _____ Relationship to student _____
(e.g. Grandparent/neighbour/friend)**Ministry of Education Details:**

Fees assessment (if applicable) _____ Fee paid \$ _____

Special Education definition (if applicable) _____

Language spoken at home English/ _____

Medical Details: (List any medical problems and information the school should be aware of)_____

Doctor _____ Phone _____

Dentist _____ Phone _____

Immunisation Cert shown: _ Complete: _____

Ethnicity: (Cultural identification with a particular ethnic group. Dual ethnicity may be selected)

NZ European / NZ Maori / _____

Iwi Affiliation: _____**Religious Instruction:** Yes / No**Travel to School:** Bus / Car / Bike / Walk / (other)

Any other information the school should be aware of:

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 of 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 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

Date / /

For new entrant enrolments please bring to the school office: Birth Certificate

Immunisation Record

'Green' Hearing/Vision Consent Form

For all enrolments please bring: Verification of address e.g. bank statement, telephone/power account