

ENROLMENT FORM

May our goals take us as high as the mountains, our learning as deep as the lake
and our knowledge shine through like the night sky



Kia ekea kā mauka tiketike e kā whāikakia, rite te akoraka ki te hōhonutaka o te roto
kia tirama mai te mātaurakame he whetū tiaho i ruka rā

STUDENT DETAILS

Surname:	First Names:
Address:	Date of Birth:
	Gender: Girl/Boy
PO Box number:	
Phone Number Mother:	Phone Number Father:
Email:	Email:
Pre-school/Kindergarten attended:	
Previous school attended:	
Approx hours per week spent at Pre-School:	Approx Duration at Pre-School (Months/Years):
Details of any medical conditions, disabilities or allergies:	
Other Learning and Behaviour Needs:	

ETHNIC INFORMATION

Ethnicity: NZ European/Pakeha <input type="checkbox"/>	NZ Maori <input type="checkbox"/> IWI:
Other:	Language spoken at home:
Was your child born in New Zealand: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Entry to New Zealand:
If 'YES' please attach a copy of: Birth Certificate: <input type="checkbox"/>	
If 'NO' please attach a copy of: Relevant Visa detail: <input type="checkbox"/>	Birth Certificate/Passport: <input type="checkbox"/>

PARENT/CAREGIVER DETAILS

Mother/Caregiver 1	Father/Caregiver 2
Title:	Title:
Full Name:	Full Name:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Name & Location:	Work Name & Location:
Work Number:	Work Number:
Relationship to Child:	Relationship to Child:
Child lives with: Both Parents <input type="checkbox"/> Mother/CG1 <input type="checkbox"/>	Father/CG2 <input type="checkbox"/> Other _____ <input type="checkbox"/>
Emergency Contacts (when caregivers unable to be contacted)	
Full Name:	Full Name:
Home Phone: Work Phone:	Home Phone: Work Phone:
Mobile Phone:	Mobile Phone:
Relationship to Child:	Relationship to Child:

MEDICAL INFORMATION

Doctor:	Phone:
Immunised (Certificate Attached): <input type="checkbox"/>	Partially Immunised (Certificate Attached): <input type="checkbox"/> Not Immunised: <input type="checkbox"/>
Advise any allergies/medical requirements/regular medications:	
Allowed paracetamol Yes / No	

OTHER INFORMATION

Attendance

The school requires punctual and regular attendance to meet the obligations to the Ministry of Education. Absences must be communicated and explained to the school.

Uniform

The student is required to wear the uniform of the school in accordance with uniform guidelines in the school Policies and Procedures. A signed explanation must be provided for 'non-uniform' items.

Student Information

In the event of any change to the information provided on this enrolment form, the parent(s) or caregiver(s) will notify the school as soon as possible.

Sickness/Emergency

- In the event of illness, accident or emergency, the school will use all possible means to contact parent(s)/caregiver(s) or any other emergency contacts that you have detailed on this form. In the event that contact cannot be made and urgent medical attention is required, you agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for the student. **Please tick the box.**

Privacy

The personal information provided in this application will be used for school management purposes only and to fulfil the school's legal requirements.

At times the school will publish student names and photographs in the school newsletter/local newspapers/noticeboards and on the school website, to commend achievements or for participation in school events. **Please tick the applicable option:**

- I have no objection to my child's name, photograph or school work appearing on the website or in the school newsletter.
- Parental consent is not given (detail below):
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.....
- I give permission to the school to release information for fundraising purposes and class activities only

Acceptance

I/We acknowledge, on behalf of the student and the family, that we accept and will reinforce the values and goals of the School Vision

I/We accept the conditions of enrolment for my/our child(ren) and agree to abide by them:

Name:

Signature:

Date: