



Student Enrolment Form

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

Please leave Student Code, NSN, and Student Type for the office.

Date of Birth (dd/mm/yy) _____

Gender male female

Intended Start Date _____

Intended Year Level _____

Student Code _____

NSN _____

Student Type _____

Specify any siblings (including half or step) who are attending or have attended this school:

Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Early Notification (mobile ph no or email address required)

Physical Address _____

This is the student's place of residence

Secondary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Early Notification (mobile ph no or email address required)

Physical Address _____

This is the student's place of residence

Emergency Contact

Surname _____

First Name _____

Relationship to student _____

Salutation _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Medical Contacts

Doctor _____

Medical Centre _____

Phone _____

Other Medical _____

Schooling

'Preschool' is only relevant if your child is entering this school at year 1.
If your child is a new entrant, put N/A under previous NZ school.
If your child was last at a non-NZ school put 'overseas school'.
'First schooling date' is the date your child first attended primary school.

Intended Home Class _____

Intended Funding Year Level _____

Preschool:

- Attended Early CE but type unknown
- Attended Kindergarten, Play centre, Education & Care or Home based Service (includes by correspondence)
- Attended Kohanga Reo
- Attended Playgroup or Pacific Islands EC group
- Did not attend any type of early childhood centre

Previous NZ school _____

First schooling date (dd/mm/yy) _____

Enrolment

Zoning Status:

- In zone Out of Zone Not Applicable

Ethnicity

For 'Citizenship' name the country/countries your child is a citizen of.
For 'Verification Document' please attach a copy (e.g. passport, birth certificate) if necessary.
'Serial Number' refers to the reference number on the Verification Document.

Ethnicity: 1 _____

2 _____

3 _____

If Māori, Iwi: 1 _____

2 _____

3 _____

Citizenship _____

Verification

Eligibility: NZ Citizen NZ Resident
 Other _____

Verification Document _____

Serial Number _____

Exchange Scheme _____

Date in NZ (dd/mm/yy) _____

Expiry Date (dd/mm/yy) _____

Languages (other than English)

This section is for languages other than English.
Where the child is fluent write under 'Spoken'.
Where the child is not fluent, but learning, write under 'Learning'.
For 'First Language' write the child's home / first learnt language.
Please leave 'Māori Language hrs per week' for the office.

Māori Language hrs per week _____

Spoken Languages 1 _____

2 _____

3 _____

Learning Language _____

First Language _____

Health and Disability

Please attach relevant documentation.
Please note if the condition is critical.
Please note where medicine is kept.

Allergies / Conditions / Treatment

Immunisation:

Fully Partly Not

Please attach a certificate.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> HIB | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Mening. B | <input type="checkbox"/> Tetanus / Diphtheria |

Disability: Yes No

Details _____

Special Needs: Yes No

ORRS Level: Very High High

Non-ORRS

Details _____

Pastoral Notes

Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from the physical address, religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are available, court order details etc.

Consents

Please check the consents that you agree with for your child.

Sudden Injury

I give permission for the school to make decisions in case of sudden illness or injury of my child.

Panadol

I give permission for the school administer Panadol to my child without needing to contact me first.

Community Health / Dental Nurse

I give permission for my child to be assessed and treated by the School Dental Nurse, or any Community Health members.

Publication of Original Works

I give permission for the school to publish original works of my child in any school publications, along with my child's name, class and age.

Publication of Photo

I give permission for the school to publish any photos of my child, along with their name, age and class in any school publication. Alternatively, I give permission for the school to publish:

Photo only, no names

Photo and first name only

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 intermediate or secondary schools.

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.

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.

Name _____

Signature _____

Document Check

Please include copies of the following documents.

Verification of Identity

Immunisation Certificate

Proof of Address