

PUPIL		BOY / GIRL	BIRTHDATE: / /	CURRENT CLASS/YEAR LEVEL:
FAMILY NAME:				
FIRST NAMES:		PREVIOUS SCHOOL/CENTRE (& ADDRESS):		
ELDEST CHILD AT THIS SCHOOL:		PLACE IN FAMILY: OF		
ADDRESS:		ETHNIC GROUP/S CHILD IDENTIFIES WITH:		
PHONE: MOBILE:				
FAX: EMAIL:		IWI/HAPU:		
RURAL EMERGENCY No:		HOME LANGUAGE:		
RESIDENCY/CITIZENSHIP? (if no enter details)		DATE NZ ENTRY: / /	COUNTRY OF BIRTH:	
		IN ZONE / OUT OF ZONE / N/A		RELIGIOUS EDUCATION: YES / NO

PARENT/CAREGIVER				WORKPLACE:	SHIFT HOURS:
TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:		
RESIDENTIAL ADDRESS: (if different from pupil)			BIRTH COUNTRY OF PARENT:	PHONE: Home:	Work: Mob:
TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:	WORKPLACE:	SHIFT HOURS:
RESIDENTIAL ADDRESS: (if different from pupil)			BIRTH COUNTRY OF PARENT:	PHONE: Home:	Work: Mob:
EMERGENCY CONTACT NAMES:	1st		RELATIONSHIP TO CHILD:	CONTACT PHONE:	Mob:
	2nd		RELATIONSHIP TO CHILD:	CONTACT PHONE:	Mob:
DOCTOR:	PHONE:			DENTAL CLINIC:	
NAME/S OF LEGAL GUARDIAN/S:					

CUSTODY/ACCESS ARRANGEMENTS <i>(attach separate sheet if more space required)</i>		EARLY CHILDHOOD EDUCATION Centre attended before starting school: <input type="checkbox"/> Kindergarten, Playcentre, Education & Care or Home Based Service <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Pacific Islands EC Group or Playgroup <input type="checkbox"/> ECE Group, type unknown, including Overseas <input type="checkbox"/> Did not attend any type of ECE Centre/Service <input type="checkbox"/> Unable to establish if ECE attended or not
EXTRA COPY OF SCHOOL REPORT TO:		
COURT ORDER ISSUED? YES / NO / N/A		

HEALTH <i>(attach separate sheet if more space required)</i>	I consent to my child's vision and hearing being tested. Yes <input type="checkbox"/> No <input type="checkbox"/>	IMMUNISATION CERTIFICATE
ALLERGIES:	VISION:	SIGHTED: YES NO REQUESTED
MEDICATION:	HEARING:	COMPLETED: YES NO
SPEECH:	SERIOUS PROBLEMS:	

OTHER DETAILS LEARNING & BEHAVIOUR NEEDS:		
SPECIAL NEEDS (BACKGROUND / FUNDING): eg ESOL, ORRS.		
OTHER INFORMATION / REQUESTS:		
NAMES OF MEMBERS OF FAMILY LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE	1.	BIRTHDATE: / /
	2.	BIRTHDATE: / /
	3.	BIRTHDATE: / /

Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school.

The information collected may be disclosed to appropriate education, health and welfare authorities, and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Parent Approvals: I agree that the school will take action on my behalf in case of sudden illness or injury. I give permission for the school to publish original work produced by my child on the school's web page in accordance with the school's policy. I agree to abide by school policies. I agree that the school may forward my child's name and address to a potential intermediate or secondary school.

SIGNATURE OF PARENT / CAREGIVER: _____ DATE: / /

ADDITIONAL INFORMATION	LIST SCHOOLS IN WHICH PREVIOUSLY ENROLLED:	BIRTHDATE VERIFIED:	ADMISSION NUMBER:
RECORDS REQUESTED: / /		SCHOOL INFORMATION PACK ISSUED:	BUS PUPIL:
RECORDS RECEIVED: / /		HEALTH CARD ISSUED:	SCHOOL STAMP: DATE OF ENTRY:
		YEAR LEVEL: ROOM:	
		TEACHER:	
ENROL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> ATTENDANCE <input type="checkbox"/> BEHAVIOURAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> HEALTH <input type="checkbox"/> PERSONAL <input type="checkbox"/>			