

Student Enrolment Form

STUDENT

Legal Family Name (as per birth certificate):	Boy / Girl (Please circle)	Birth Date: ___/___/___	Birth Certificate Supplied Y / N
Legal First Names (as per birth certificate):	Place of birth:	Previous School:	Year Level:
		No. of schools previously attended:	
Preferred Full Name (If different from birth certificate):	Home Language:	Date started any school: ___/___/___	
Address where Student lives:		Ethnicity:	1
			2
			3
Mailing Address for Student:		Iwi:	1
			2
			3
Siblings at this school:	Eldest at this school:	Names of Legal Guardians (if other than Parent / Caregiver):	

PARENT / CAREGIVER

Main Parent / Caregiver (To be contacted for absences or emergencies)			
Name: Mr, Ms, Mrs, Miss	Occupation & Place of Work:	Home Phone:	
		Work Phone:	
		Mobile Phone:	
		Email:	
Relationship to child:	Address:		
Other Main Parent / Caregiver (2 nd contact in case of emergency)			
Name: Mr, Ms, Mrs, Miss	Occupation & Place of Work:	Home Phone:	
		Work Phone:	
		Mobile Phone:	
		Email:	
Relationship to child:	Address:		
Extra Contact (3 rd contact in case of emergency)			
Name: Mr, Ms, Mrs, Miss	Occupation & Place of Work:	Home Phone:	
		Work Phone:	
		Mobile Phone:	
Relationship to child:	Address:		

OFFICE USE ONLY

Teacher: _____	NZ Resident:	Copy of Passport: Yes / No
Year Level: _____	Yes <input type="checkbox"/>	Arrival in NZ: ___/___/___
Room: _____	No <input type="checkbox"/> Permit / Visa	Foreign FP <input type="checkbox"/>
Date of Entry: ___/___/___	Details: _____	28 Day Waiver <input type="checkbox"/>
NSN: _____	ESOL <input type="checkbox"/>	Transport: Bus / Walk / Other
Enrolment #: _____	Migrant / Refugee / NZ Born	Details: _____
<input type="checkbox"/> Enrol Update	House: _____	

MEDICAL / DENTAL INFORMATION

Doctor:	Medical Centre:	Immunisation Certificate Supplied Y / N Fully Immunised Y / N		Does your child have any allergies? Please list:
Medical History Has your child ever had: (<i>Tick if applicable</i>)				
Asthma / Wheeze	Bleeding condition	Diabetes	Hearing Concern	Disabilities
H I V / Aids	Heart Conditions	Epilepsy	Hepatitis	Speech Language
Any issues arising from the B4 School Check you wish to share?				
Please note any medications your child is currently on and whether or not your child requires this medication during school time. (For medications administered at school please ask for "Consent to Administer Medication" form from the school office.)				
Other Agencies Involved: Marinoto / GSE / RTLB / Reading Recovery / Public Health Nurse				
Other:				

CUSTODY / ACCESS ARRANGEMENTS

Is there a Custody arrangement for your child? (Please provide details).	
Court order issued? Y / N / NA	Other information:

PRIOR-PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Did your child attend one or more Early childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.				Please tick the appropriate box <input type="checkbox"/> g. Attended, but only outside New Zealand <input type="checkbox"/> h. Attended, but don't know what type of service <input type="checkbox"/> i. Did not attend. <input type="checkbox"/> j. Unable to establish if attended or not.	
Please enter the number of hours per week for up to 3 services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (Hrs/week)		
a. Kohanga Reo					
b. Playcentre					
c. Kindergarten or Education and Care Centre					
d. Home based service					
e. Playgroup					
f. The Correspondence School – Te Aho o Te Kura Pounamu					
Did your child regularly attend Early Childhood Education? ("Regularly attend" means was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, on holiday, or had a family occasion, etc.)					
Please tick one <input type="checkbox"/> Yes , for the last _____ year(s)	<input type="checkbox"/> Not regularly , only occasionally with no on-going schedule.		<input type="checkbox"/> No , did not attend Early Childhood Education.		

FUTURE SIBLINGS

For planning purposes please list your child's siblings who may attend our school in future.	
Child's Name	Date of Birth

PERMISSION

I give permission for my child: To be involved in class trips within the Warkworth town boundary (separate permission must be obtained for transport in private vehicles).	YES / NO
To have their name/work/picture published in the school newsletter, school website or other forms of media e.g. newspaper, TV etc.	YES / NO
To have their name/work/picture published on the school's social media sites e.g. Facebook, Twitter.	YES / NO
I give permission for my child to be given Paracetamol to relieve headache / mild pain symptoms. I understand the school will advise me whenever this is administered.	YES / NO
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. 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 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: ____/____/____	