

Date: _____



Legal Surname: Preferred last name:		Legal first name/s: Preferred first name:	
Date of Birth: / / Boy / Girl:		Current Year Level: Previous School:	
Parents / Caregivers (1)			
Residential Address: Postcode: Home Phone: Work Phone: Mobile Phone:			
Parents / Caregivers (2)			
Residential Address: (if different from above) Postcode: Home Phone: Work Phone: Mobile Phone:			
Other siblings attending this school: _____			
Nationality: _____ Residency/Citizenship? Yes / No If No, enter details below _____ Iwi (if applicable) (1) _____ (2) _____ (3) _____			
A COPY OF THE BIRTH CERTIFICATE IS REQUIRED FOR THE MINISTRY OF EDUCATION			
Emergency contact name 1:		Relationship to Pupil:	Ph Hm: Mobile
Emergency contact name 2:		Relationship to Pupil:	Ph Hm: Mobile
Doctor: _____ Phone: _____		Are your child's vaccinations up to date? Yes / No	
Does your child have any health/medical issues or allergies we need to know about: If yes to any medical problems or allergies please advise the appropriate care and action plan.		Yes / No _____ _____ _____	
In case of accident or emergency: I give permission for my child to receive appropriate treatment when necessary and for the first aid officer to administer paracetamol on the occasions deemed necessary Yes / No If the school is unable to contact parent/caregiver/emergency contact OR if the accident is serious, I give permission for the first aid officer or delegate to take my child to Accident and Emergency or the doctor. Yes/ No I give permission for the school to make arrangements as are deemed necessary for the treatment of my child in an emergency and agree to reimburse the school for any cost incurred. Yes / No			

1.	Birth date: / /
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2.	Birth date: / /
3.	Birth date: / /

Did your child regularly attend Early Childhood Education? Yes / No

If yes, for how long?

(6 mths, 12 mths, 2 yrs) *Please circle response*

If yes, please complete details below:

Provider	ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School			

OR - Please tick appropriate box

Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish if attended or not	

Language spoken at home: _____

ESOL support received previously:

Yes / No

Teacher Aide Support:

Yes / No

Special Needs:

Yes / No

I give consent for my child's work to be used for newsletters, school website and school facebook page:

Yes / No

I agree to abide by school policies and procedures:

Yes / No

In submitting this form I certify that I have the legal guardianship to enrol the child, and have disclosed all matters pertaining to custody of the child that may apply:

Yes / No

Office Use Only

<i>Start Date:</i>	
<i>Room:</i>	
<i>Birth Certificate / Passport:</i>	
<i>NSN:</i>	
<i>Enrolment No:</i>	