

Enrolment - Confidential

PUPIL	Legal surname:		Legal first name/s:		
	Preferred surname:		Preferred first name:		
	Eldest child at this school:	Place in family: of	Boy/Girl DoB: / /	Current class/year level:	
	Address:		Previous School:		
			Address:		
	Phone:	Mobile:	Ethnicity:	Iwi/Hapu:	
	Email:		1.	1.	
	Home Language:		2.	2.	
	Residency/Citizenship? Yes/No	If No, enter details below	3.	3.	
Date of NZ Entry:		Country of Birth:			

PARENTS / CAREGIVERS	Title: Legal surname:		First Name:		Relationship to Pupil:	
	Residential Address: <small>If different from pupil</small>		Country of Birth:		Workplace:	
					Occupation:	
					Ph Hm: Ph Wk: Mob:	
PARENTS / CAREGIVERS	Title: Legal surname:		First Name:		Relationship to Pupil:	
	Residential Address: <small>If different from pupil</small>		Country of Birth:		Workplace:	
					Occupation:	
					Ph Hm: Ph Wk: Mob:	

EARLY CHILDHOOD EDUCATION	Was ECE <input type="checkbox"/> Yes, for the last _____ year/s regularly <input type="checkbox"/> Not regularly, only occasionally or with no ongoing schedule attended <input type="checkbox"/> No, did not attend ECE				CUSTODY ACCESS				
	Did your child attend an ECE service in the 6 months prior to starting school?						Court order issued? Yes / No / NA <small>Attach further info as required.</small>		
	Please enter the number of hours per week for up to three services (a - f) or tick the appropriate box (g - j)				ECE 1 <small>(hrs / wk)</small>	ECE 2 <small>(hrs / wk)</small>			ECE 3 <small>(hrs / wk)</small>
	a) Kōhanga Reo								
	b) Playcentre								
	c) Kindergarten or Education Care Centre								
	d) Home based service								
	e) Playgroup								
	f) Correspondence School – Te Aho o Te Kura Pounamu								
	g) Attended, but only outside New Zealand								
h) Attended, but don't know what type of service									
i) Did not attend									
j) Unable to establish if attended or not									

PRIVACY APPROVAL	<p><i>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.</i></p>		<p>Parent Approvals: I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.</p> <p>Parent/Caregiver signature:</p> <p>Date: / /</p>	
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OTHER	Members of your family likely to be attending this school in the future.		Additional Information:
	1.	Birth date: / /	
	2.	Birth date: / /	
	3.	Birth date: / /	

OFFICE ONLY	Birth date verification <input type="checkbox"/> Birth Certificate number: _____ or <input type="checkbox"/> Passport Number: _____		School admission no:		
	Records/information requested: / /		Records/information received / /		
	ENROL	Academic <input type="checkbox"/>	NSN:	No previous schools/enrolments:	
		Attendance <input type="checkbox"/>	Data entered:	Teacher:	
		Behavioural <input type="checkbox"/>	Other:	Additional Information:	
Custodial <input type="checkbox"/>					
Health <input type="checkbox"/>					
Personal <input type="checkbox"/>					

