



# 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

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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 \_\_\_\_\_

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Special Needs:     Yes     No

ORRS Level:     Very High     High

Non-ORRS

Details \_\_\_\_\_

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## 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.

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### 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