



Year: _____ Room: _____

Room: _____

Date enrolled : _____ / _____ / _____

Enrolment No: _____

House: _____

NPF: _____

Enrolment Form

Student's legal first names: _____

Legal surname: _____

Student's preferred first name: _____ Preferred surname: _____

Ethnicity (up to three): _____

Iwi student belongs to – if applicable (up to three): _____

Home address: _____

Gender: Male/Female (circle one) Date of Birth: _____

Early Childhood Education –

For Ministry Requirements New Entrant children must fill out the attached form.

Previous School: _____ Date to start at this School: _____

Caregiver 1 Details : Relationship to Student: _____

Name _____ Mrs/Ms/Miss/Mr
Family name First names

Address: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Occupation: _____

Other siblings: _____ DOB _____

DOB _____

Caregiver 2 Details : Relationship to Student: _____

Name _____ Mrs/Ms/Miss/Mr
Family name First names

Address: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Occupation: _____

Caregiver 3 Details : Local Emergency Contact

Name _____ Mrs/Ms/Miss/Mr
Family name First names
Home phone: _____ Work phone: _____
Relationship to student: _____

Foreign Student – Check with Office Staff for requirements.

Country of Birth: _____ First Language: _____ ESOL - Yes/No

Medical Details: (List any medical problems and information the school should be aware of:

Doctor: _____ Ph No: _____

Do you give permission for your child to be administered paracetamol or equivalent in the case of headache, earache or other minor discomfort? Yes/No

Immunisation status: Fully immunised Partially immunised No immunisation

Any other information the school needs to know – ie custody issues etc

Bus Pupil Yes/No

Please complete Bus Enrolment Form.

In Zone? Yes/No

If not In Zone, have you contacted the school in your zone? This is compulsory. Yes/No

Confidentiality

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for school purposes.

Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained. I agree to abide by school policies. I understand that the school will take action on my behalf in case of sudden illness or injury of my child.

Signed _____ Date: _____

Office Use only

- | | |
|---|---|
| <input type="checkbox"/> NE Birth Certificate copied | <input type="checkbox"/> Student Number |
| <input type="checkbox"/> NE Immunisation Certificate copied | <input type="checkbox"/> Requested cards |
| <input type="checkbox"/> Internet Usage Contract signed | <input type="checkbox"/> Enrol |
| <input type="checkbox"/> Teacher Copy | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Bus Enrolment Form | <input type="checkbox"/> ESOL |
| <input type="checkbox"/> Early Childhood Education form | <input type="checkbox"/> Number of Previous Schools |