



Student Enrolment Form

NSN: _____

Student No: _____

Date Enrolled: __/__/__

Date first starting TAS: __/__/__

Name of pupil: _____
(Family name) (First names)

Preferred name: _____

Person to whom mail should be addressed to: _____

Postal address: _____

Home phone: _____

Email address: _____

Gender: Male/Female Date of Birth: __/__/__

Country of birth: NZ / _____

Ethnicity: NZ European/NZ Maori/_____ Iwi: _____

First Language: English / _____

Other languages spoken at home: _____

Previous school: _____ Date first started school: __/__/__

Caregiver Details:

Mother / _____

Father / _____

Name: _____ Mrs/Ms/Miss Name: _____

Address: _____ Address: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cellphone: _____

Cellphone: _____

Occupation: _____

Occupation: _____

Other siblings likely to attend: _____ Date of birth: __/__/__

_____ Date of birth: __/__/__

Emergency Contacts:

Name: _____

Name: _____

Relationship to student: _____

Relationship to student: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cellphone: _____

Cellphone: _____

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

_____ Doctor: Fiordland Medical Centre / _____

Prior-participation in Early Childhood Education

Did your child regularly attend Early Childhood Education? (eg booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion etc.

- **Yes, for the last ___ years** **Name of Early Childhood Centre:** _____
- **Not regularly, only occasionally with no on-going schedule**
- **No, did not attend ECE**

Did your child attend one or more Early Childhood Education services in the 6 months prior to starting school?

Instructions:

1. If your child was attending more than one service *at the same time*, enter the hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, complete the table for the *last service only*, not both.
3. If your child's attendance hours varied, or you are uncertain, enter an approximate or average number of hours per week.

- a. **Kohanga Reo** ___ hrs b. **Playcentre** ___ hrs c. **Kindergarten** (or Education&Care) ___ hrs
d. **Home-based care** ___ hrs e. **Playgroup** ___ hrs f. **The Correspondence School** ___ hrs

- OR **Attended, but only outside NZ** **Attended, but don't know what type of service**
- **Did not attend** **Unable to establish if attended or not**

Do you give permission for your child to take part in Religious Instruction?

Yes/No

What will be your child's main mode of transport to school?

Bus / Car / Bike / Walk

Any other information the school should be aware of?

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 the purpose of education only.

Parent Approval:

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 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.

Signed: _____ **Date:** _____

Completed by Principal:

Enrolled by: _____ **Birth certificate sighted:** Yes/No

Immunisation certificate sighted: Yes/No **Immunisation Complete:** Yes/No

Enrolment status: Regular class student Fee paying \$ _____

Special Education Agreement (Definition: _____)

NZ Residency Certificate sighted (if applicable): Yes/No

Bus Run (if applicable): Hillside / College&Mararoa / Kakapo / Ramparts & Mt Y / Manapouri

This student will be in Year ____, **in Room** ____.

Photocopies taken of: (cross out if not applicable)

Birth Certificate / Immunisation Certificate / Passport / NZ Residency Certificate *Copies of this will be given to the Dental Clinic, Classroom Teacher and Office Administrator.*