

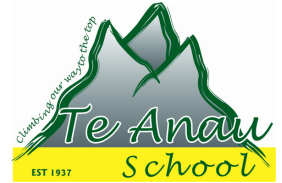
NSN: _____

Student No: _____

Date Enrolled: __/__/__

Date first starting TAS: __/__/__

Student Enrolment Form



Legal Name of pupil: _____

(written on birth certificate) (Family Name)

(All First Names)

Preferred family name: _____ Preferred first name _____

Person to whom mail should be addressed to: Mr/Mrs/Ms/Miss _____

Address: _____ RD _____

Postal Address if different: _____ Postcode _____

Email address 1: _____ 2: _____

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/Stepmother: Ms/Mrs/Miss / _____

Name: _____

Address: _____

_____ Postcode _____

Landline: _____

Work phone: _____

Cellphone: _____

Occupation: _____

Father/Step Father: Mr/Dr / _____

Name: _____

Address: _____

_____ Postcode _____

Landline: _____

Work phone: _____

Cellphone: _____

Occupation: _____

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

_____ Date of birth: __/__/__

Does your family have a previous connection to a HOUSE group? If so, please circle:

Waiau (blue) Kepler (green) Milford (red) Tutoko (yellow)

Emergency Contacts: (Due to medical emergencies, contact must live in Te Anau and preferably not living with)

Name: _____

Relationship to student: _____

Landline: _____

Work phone: _____

Cellphone: _____

Name: _____

Relationship to student: _____

Landline: _____

Work phone: _____

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 Early Childhood Education (ECE)**

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

Instructions: If your child was attending more than one service *at the same time*, enter the hours per week for up to three services.

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.

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**

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 enrolment form will be given to the Dental Clinic, Classroom Teacher and Office Administrator.