



To be filled in by School Office:

Year Level: ____ Room: ____

NSN: _____

Enrolled: ____/____/____

Tapanui Number: _____

Birth Certificate: _____

Immunisation record: _____

Enrolment Data Form - Student Details (One form for each student)

Legal Name of student _____
Family name First names
 Preferred name _____ Place in Family ____ of ____

Gender: M / F Date of birth: ____/____/____ (please provide a copy of birth certificate/passport)
 Date first started school: ____/____/____ Date first attended this school ____/____/____
 Previous School: _____

Caregiver 1 Details: Mother / _____ Legal Guardian Access
 Family Name _____ / _____ Mrs/Ms/Miss/Dr
 Address _____ Home phone _____
 _____ Work phone _____
 Email Address: _____
The School Newsletter/Notices and Student Reports will be sent to this email. Please advise the school office if a paper copy is required.
 Occupation _____ Cell phone _____
 Other siblings likely to attend: _____ DOB _____
 _____ DOB _____

Caregiver 2 Details: Father / _____ Legal Guardian Access
 Family Name _____ / _____ Mr/Dr
 Address _____ Home phone _____
 _____ Work phone _____
 Email Address: _____
The School Newsletters/Notices and Student Reports will be sent to this email. Please advise the school office if a paper copy is required.
 Occupation _____ Cell phone _____

Emergency contacts: *(Please ensure at least one of the two is a local contact. Please do not use caregivers as emergency contact)*

1. Name _____ Mr/Mrs/Ms/Miss
Family name First names Salutation
 Home phone _____ Work phone _____
 Cell phone _____ Relationship to student _____

2. Name _____ Mr/Mrs/Ms/Miss
Family name First names Salutation
 Home phone _____ Work phone _____
 Cell phone _____ Relationship to student _____

Custody Arrangements: Are there any arrangements we need to be aware of: Yes / No

Extra copy of School Report to: _____

Ministry of Education Details Required:

NZ Residency: Yes / No **[If No enter details]** NZ Entry Date: ___/___/___

Country of Birth: _____ Language spoken at home English / _____

NEW ENTRANT ONLY TO COMPLETE. Did your child attend a Playgroup, Playcentre, Kindergarten, Early Childcare centre, Homebased Service or Correspondence school in the 6 months prior to starting school? Yes / No

More than 6 months? Please state how long they attended. _____

Which service/s did you use, (up to three):

1 _____ Hours per week _____

2 _____ Hours per week _____

Medical details: (Allergies, Medication, Sight, Speech, Hearing, Medical condition, Injury)

If medication is required to be administered at school, written authority needs to be sent to the school office.

Doctor _____ Phone _____

Immunisations: Is your child fully immunised? Yes / No

(please provide a copy of immunisation record)

Christian Values Programme: My child has permission to participate in this values based programme
Yes / No

Ethnicity: *(Cultural identification with a particular ethnic group. Dual ethnicity may be selected)*

NZ European / NZ Maori / _____

Iwi 1 _____ Iwi 2 _____ Iwi 3 _____

Are there any Religious /Cultural aspects we need to be aware of? Yes / No

Bus Route Name: _____ **Transport:** Car Cycle Walk

Safety Vest: A vest is supplied by the school and is required to be worn to and from school and on school trips. If this is lost or damaged we agree to pay \$10 for a replacement.

Capable Guardians Register: Would you like to be added to the volunteers register? Yes / No

If Yes please complete the Police Vetting Consent Form included in the enrolment pack

Confidentiality: In terms of the Privacy Act, I understand that the information on this form is held securely and used for the purpose of education only. The school requires it as part of the enrolment process and to meet the statutory requirements of the Ministry of Education. I understand that the school will take action at school on my behalf in case of sudden illness or injury and I agree to abide by school policies.

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.

Signed _____ Date _____

Office Use:	Google <input type="checkbox"/>	Username _____	Password _____
House _____	Stepsweb <input type="checkbox"/>	Cybersafety Form <input type="checkbox"/>	Blanket Consent Form <input type="checkbox"/>
Newsletter <input type="checkbox"/>	Yr Group <input type="checkbox"/>	Library <input type="checkbox"/>	Email: _____
Update:	Medical Details <input type="checkbox"/>	Relievers Folder <input type="checkbox"/>	Emergency List <input type="checkbox"/>

Feb 2023