PUPIL

Legal surname:	Legal first name/s:
Preferred surname:	Preferred first name:
Eldest child at this school: Place in family: of	Boy/Girl DoB: / / Current class/year level:
Address:	Previous school/centre:
	Address:
Phone: Mobile:	Ethnicity: Iwi/Hapu:
Email:	1. 1.
Rural Emergency No: Home language:	2. 2.
Residency/Citizenship? Yes / No If No, enter details below.	3. 3.
Date NZ entry: Country of birth:	Zone: In / Out / NA Religious education: Yes / No

PARENT/S CAREGIVER/S

Title: Legal surname:		First name:	Relationship to pupil:
Residential address: If different from pupil.	Country of birth:	Workplace/Hrs:	Occ:
		Ph Hm: Ph Wk:	Mob:
Title: Legal surname:		First name:	Relationship to pupil:
Residential address: If different from pupil.	Country of birth:	Workplace/Hrs:	Occ:
		Ph Hm: Ph Wk:	Mob:
Emergency contact name 1:	Relationship to pupil:	Ph Hm:	Mob:
Emergency contact name 2:	Relationship to pupil:	Ph Hm:	Mob:
Doctor:	Ph:	Dental clinic:	
Name/s of legal guardian/s:			

EARLY CHILDHOOD EDUCATION

Was ECE regularly attended?
- ☐ Yes, for the last _____ year/s.
- ☐ Not regularly, only occasionally or with no on-going schedule.
- ☐ No, did not attend ECE.

Did your child attend an ECE service in the six months prior to starting school?

Please enter the number of **hours per week** for up to three services (a - f) or **tick the appropriate box** (g - j).	ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)
a) Kōhanga Reo			
b) Playcentre			
c) Kindergarten *or* Education and Care Centre			
d) Home based service			
e) Playgroup			
f) Correspondence School - Te Aho o Te Kura Pounamu			
g) Attended, but only outside New Zealand			
h) Attended, but don't know what type of service			
i) Did not attend			
j) Unable to establish if attended or not			

Only place a tick (✓) in the box/es at left as appropriate if section above is left blank.

CUSTODY ACCESS

Court order issued? Yes / No / NA

Attach further info as required.

Extra copy of school report to:

Address:

PUPIL ENROLMENT FORM

February 2013

Not to be photocopied

NEW ZEALAND PRINCIPALS' FEDERATION
Ngā Tumuaki O Aotearoa

Order from NZPF
Fx 04 471 2339 or
natoff@nzpf.ac.nz

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HEALTH LEARNING & BEHAVIOUR

Has your child had a B4 School Check? Yes / No	Immunisation Cert	Learning/Behaviour Needs:
B4SC health?	Sighted: Yes / No	
B4SC developmental?	Requested...	
B4SC behavioural?	Completed: Yes / No	
Vision:		Specialist Needs/Resourcing/Agencies:
Hearing:		
I consent to my child's vision and hearing being tested. Yes / No		
Allergies:		
Medication:		Other information/requests:
Speech:		
Serious problems:		Attach further information as required.

PRIVACY APPROVAL

Privacy statement: *The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.*

Parent approvals: *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 work and 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.*

Parent/Caregiver signature:

Date: / /

OTHER

Members of your family likely to be attending this school in the future.	Additional information:
1. Birth date: / /	
2. Birth date: / /	
3. Birth date: / /	

OFFICE USE

Birth date verification: ☐ Birth certificate/number or ☐ Passport/number

Records/information requested: / / Records/information received: / / Bus route:

School admission no:

Date of entry: / /

School stamp:

ENROL

- Academic ☐
- Attendance ☐
- Behavioural ☐
- Custodial ☐
- Health ☐
- Personal ☐

NSN:

Data entered: / /

Other:

No previous schools/enrolments: Year level:

Teacher: Room:

Issued... Health card ☐ School info/pack ☐

Additional information:

No carbon required. Please write firmly using a ballpoint pen. Copy 1: Office Copy 2: Dental Therapist Copy 3: Teacher