

# ENROLMENT FORM

Entry Date:

Powhiri: Yes No

**Kaiwaka Primary School**

**Sighted: Birth Certificate/Immunisation Certificate**

**PUPIL DETAILS**      Entry: Level      Class

GENDER:      BOY / GIRL

SURNAME

BIRTH DATE:

FIRST NAMES

Previous School

Address

PLACE IN FAMILY

Previous Class

ADDRESS

Previous Dental Clinic

Early Childhood Education? YES/NO    How many months?

How many hours per week?

PHONE NUMBER

N.Z. RESIDENCY:      YES / NO

EMAIL ADDRESS

NSN:

**PARENT DETAILS**

**EMERGENCY CONTACT**

PARENT

NAME

PHONE: HM      Cellphone

PHONE: HM      WK

OCCUPATION

RELATIONSHIP TO CHILD

PARENT

PHONE: HM      WK/Cell

**CUSTODY ARRANGEMENTS:**

OCCUPATION

NAME/S OF LEGAL GUARDIAN/S

ADDRESS IF DIFFERENT TO PUPIL

ADDRESS

ETHNIC GROUP(S):

PHONE: HM      WK

IWI:

EXTRA COPY OF REPORT TO

HOME LANGUAGE

TE REO OPTION:      YES / NO

I GIVE PERMISSION FOR DIGITAL IMAGES OF MY CHILD TO BE USED IN PUBLICATONS: YES/NO

ACCESS RESTRICTIONS – details below

HOUSE:

**HEALTH**

(Please fill in separate form)

ALLERGIES:

SIGHT:

MEDICATIONS:

SPEECH:

SERIOUS PROBLEMS:

HEARING:

ABLE TO DRINK MILK THAT THE SCHOOL OFFERS    Yes    No

DOCTOR:

**OTHER DETAILS**

BUS ROUTE:

Eligible/Ineligible

HOBBIES/PRIVATE LESSONS:

OTHER INFORMATION OFFERED BY PARENTS:

Names of Family Members likely to attend Kaiwaka School in the Future:

Birthdate:

1

2

I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies. I give permission for supervised headlice checks to be carried out on my child and for my phone number to be made available for any school related matter. I understand that my child's records will be passed on to a new school, on request.

YES / NO

SIGNATURE OF PARENT/GUARDIAN