

# East Taieri School Enrolment Form

## Pupil Details (One form per pupil)

Class: \_\_\_\_\_ Room : \_\_\_\_\_

Date enrolled : \_\_\_/\_\_\_/\_\_\_

Enrolment No \_\_\_\_\_

Completed by: \_\_\_\_\_

Name of pupil \_\_\_\_\_

Family name

First names

Preferred name \_\_\_\_\_

Mail to whom \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Country of origin NZ / \_\_\_\_\_ Language English / \_\_\_\_\_ (cross out one)

Previous School \_\_\_\_\_ Early Childhood Education \_\_\_\_\_

Gender M / F Date of birth \_\_\_/\_\_\_/\_\_\_ Verified Yes  No  **Enrolment No** \_\_\_\_\_

Date **first started** school \_\_\_/\_\_\_/\_\_\_ Date first attended **this school** \_\_\_/\_\_\_/\_\_\_

Enrolment status Regular class student / Fee paying / Special Education Agreement  
(delete all except one) (List detail: \_\_\_\_\_)

**Caregiver 1 Details :** Mother / \_\_\_\_\_ Legal Guardian  Access

Name \_\_\_\_\_ Mrs/Ms/Miss/Mr  
Family name First names Salutation

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_

Occupation \_\_\_\_\_ Cellphone \_\_\_\_\_

### EMAIL ADDRESS:

Other details \_\_\_\_\_

Other siblings likely to attend: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

**Caregiver 2 Details :** Father / \_\_\_\_\_ Legal Guardian  Access

Name \_\_\_\_\_ Mr/Mrs/Miss/Ms  
Family name First names Salutation

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_

Occupation \_\_\_\_\_ Extra report  Cellphone \_\_\_\_\_

Other details \_\_\_\_\_

**Caregiver 3 Details : Emergency contact**

Name \_\_\_\_\_ Mr/Mrs/Ms/Miss  
Family name First names Salutation  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Relationship to student \_\_\_\_\_  
eg grandparent/neighbour/friend

**Caregiver 4 Details : Emergency contact**

Name \_\_\_\_\_ Mr/Mrs/Ms/Miss  
Family name First names Salutation  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Relationship to student \_\_\_\_\_  
eg grandparent/neighbour/friend

**Ministry of Education details :**

Fees assessment (if applicable) \_\_\_\_\_ Fee paid \$ \_\_\_\_\_  
Residency Yes  No  Details \_\_\_\_\_ NZ Entry Date \_\_/\_\_/\_\_  
Special Education definition (if applicable) \_\_\_\_\_  
Language spoken at home English / \_\_\_\_\_ Zone In  Out   
Iwi 1 \_\_\_\_\_ Iwi 2 \_\_\_\_\_ Iwi 3 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
Doctor \_\_\_\_\_ Phone no \_\_\_\_\_  
Immunisation Cert shown \_\_\_\_\_ Complete \_\_\_\_\_

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

NZ European / NZ Maori / \_\_\_\_\_

**Bus:** \_\_\_\_\_ **Transport:** Car  Cycle  Walk

Do you object to your child receiving mild medication (ie Paracetamol) at the discretion of his/her teacher. Yes  No

I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies. Yes  No

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 / 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 \_\_\_\_\_ School Stamp: