



Enrolment Form

Office Checklist

Room: _____

Date Started: ___/___/___

In / Out of Zone

EDGE

ENROL

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 ___/___/___ Birth Certificate Attached: Yes No

Date **first started** school ___/___/___ Date first attended **this school** ___/___/___

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 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 _____

EMAIL ADDRESS:

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 Support (if applicable) _____

Language spoken at home English / _____

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

NZ European / NZ Maori / _____

Iwi 1 _____ Iwi 2 _____ Iwi 3 _____

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

Doctor _____ Phone no _____

Immunisation Certificate attached: **Yes** **No**

Has your child received any extra assistance from other agencies or professionals to support with their health, learning or behaviour? **Yes / No**

Details:

Custody / Access arrangements: Any custody / Access arrangements the school should be aware of? **Yes / No** **Attach Documentation if relevant**

Details:

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.

School Accounts

I undertake to pay the school account in full on or before the due date. In default of such payment, I undertake to pay all costs and expenses the school may incur recovering from you any overdue account.

ENROLMENT CHECKLIST

I have signed the permission slips in the enrolment pack. <ul style="list-style-type: none">• School trips - EOTC• Digital citizenship ICT use agreement• Sharing of Information Consent Form• Parent Checklist	Yes / No
Birth Certificate / Passport or any relevant Visas attached.	Yes / No
Immunisation Certificate attached.	Yes / No
I agree to my child/ren attending Champions (Christian Education Programme) which runs for 30 Minutes once a week for Years 5-6 student for Term 2 & 3.	Yes / No
Florescent vests are available upon request, If your child walks to and/or from school we require them to wear a Hi Vis Vest. They are available free from the office however these vests remain the property of the school. I agree to pay the school \$10.00 for a replacement vest if it is lost or damaged.	Yes / No
I give permission for staff to apply basic first aid and Sunscreen products. I give permission for staff with changing my child's soiled clothing if necessary.	Yes / No
In an emergency I give permission for the school to act on my behalf eg ring an ambulance for fractures etc. In cases of significant injury or illness the school will seek medical intervention and notify caregivers at the earliest possible opportunity as outlined in the school health policy.	Yes / No
I give permission for my child to visit the Chatbus (Please see information in Enrolment pack)	Yes / No

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 _____