

PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen.

Copy 1: Office

Copy 2: Dental Therapist

Copy 3: Teacher

| | | | | | | |
|---|--|-----------------------------------|--------------------------|--|--|-------------------|
| PUPIL | Legal surname: | | | Legal first name/s: | | |
| | Preferred surname: | | | Preferred first name: | | |
| | Place in family: | of | Boy / Girl | DoB: | / | / |
| | Home Address: | | | Current class/year level: | | |
| | Previous school/centre: | | | Address: | | |
| | Rural Emergency No: | | | Home language: | | |
| | Ethnicity 1: | 2: | 3: | Iwi/Hapu 1: | 2: | |
| | Residency/Citizenship? Yes / No | | | Country of birth: | | |
| PARENTS/CAREGIVER/S | Title: Legal surname: | | | First name/s: | | |
| | Home address: (if different to pupil) | | | Relationship to pupil: | | |
| | Workplace/Hrs: | Occ: | | Ph Hm: | Ph Wk: | |
| | Mob: | Email: | | | | |
| | Title: Legal surname: | | | First name/s: | | |
| | Home address: (if different to pupil) | | | Relationship to pupil: | | |
| | Workplace/Hrs: | Occ: | | Ph Hm: | Ph Wk: | |
| | Mob: | Email: | | | | |
| | Emergency contact name 1: | | | Relationship to pupil: | | |
| | Emergency contact name 2: | | | Relationship to pupil: | | |
| | Doctor: | Ph: | | Dental clinic: | | |
| | Name of legal guardian/s: | | | | | |
| EARLY CHILDHOOD EDUCATION | Was ECE regularly attended? <input type="checkbox"/> Yes, for the last year/s OR <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule OR <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only tick following boxes if ECE hours section to the left is not completed. | |
| | b) Playcentre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Attended, but only outside New Zealand <input type="checkbox"/> | |
| | c) Kindergarten or Education and Care Centre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Attended, but don't know what type of service <input type="checkbox"/> | |
| | d) Home based Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Did not attend <input type="checkbox"/> | |
| | e) Playgroup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Unable to establish if attended or not <input type="checkbox"/> | |
| | f) Correspondence School - Te Aho o Te Kura Ponamu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | CUSTODY ACCESS | Court order issued? Yes / No / NA | | | | |
| (attach further information as required) | | | | | | |
| HEALTH, LEARNING & BEHAVIOUR | Extra copy of school report to: | | | Address: | | |
| | Has your child had a B4 School Check? Yes / No | | | B4SC health? | | |
| | B4SC developmental? | | | B4SC behavioural? | | |
| | Immunisation Cert Sighted? Yes / No | | | Requested? Completed: Yes / No | | |
| | Vision: | | | Hearing: | | |
| | I consent to my child's vision and hearing being tested. Yes / No | | | | | |
| | Allergies: | | | Medication: | | |
| | Speech: | | | Serious problems: | | |
| | Learning/Behaviour Needs: | | | | | |
| | Special Needs/Resourcing/Agencies: | | | | | |
| Other information/requests (attach further information as required): | | | | | | |
| DECLARATION | | | | | | |
| I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: _____ Date: ____/____/____ | | | | | | |
| OTHER | Members of your family likely to attend this school in the future. | | | 1. Birth date: ____/____/____ | | |
| | 2. Birth date: ____/____/____ | | | 3. Birth date: ____/____/____ | | |
| Additional information: | | | | | | |
| OFFICE USE | Birth date verification: <input type="checkbox"/> Birth certificate/number | | | or <input type="checkbox"/> Passport/number | | |
| | Records/information requested: ____/____/____ | | | Records/information received: ____/____/____ | | |
| | <input type="checkbox"/> Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Behavioural <input type="checkbox"/> Custodial <input type="checkbox"/> Health <input type="checkbox"/> Personal | | | School admission to: Date of entry: ____/____/____ School stamp: | | |
| | NSN: _____ Data entered: ____/____/____ Other: _____ | | | No previous schools/enrolments: Year level: _____ Teacher: _____ Room: _____ Issued... Health card <input type="checkbox"/> School info/pack <input type="checkbox"/> Additional information: | | |
| | | | | | | |

Not to be photocopied. Order from NZPF: office@nzpf.ac.nz.