

ENROLMENT FORM

Entry Date:

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

PARENT

EMERGENCY CONTACT

NAME

PHONE: HM

Cellphone

PHONE: HM

WK

OCCUPATION

RELATIONSHIP TO CHILD

PARENT

PHONE: HM

WK/Cell

CUSTODY ARRANGEMENTS:

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 PUBLICATIONS: YES/NO

ACCESS RESTRICTIONS – details below

RELIGIOUS EDUCATION:

YES / NO

HOUSE:

HEALTH

(Please fill in separate form)

ALLERGIES:

SIGHT:

MEDICATIONS:

SPEECH:

SERIOUS PROBLEMS:

HEARING:

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:

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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