



## ENROLMENT FORM

### PUPIL DETAILS

YEAR LEVEL:

CLASS:

SURNAME:

FIRST NAMES:

GENDER: BOY / GIRL

DATE OF BIRTH:

N.Z. RESIDENCY: YES / NO

ETHNIC GROUP(S):

IWI: HAPŪ:

HOME LANGUAGE:

ADDRESS – RESIDENTIAL / POSTAL:

BEST PARENT CONTACT PHONE NUMBER:

PARENT EMAIL ADDRESS:

BIRTH CERTIFICATE SIGHTED: YES

IMMUNISATION CERTIFICATE SIGHTED: YES

PREVIOUS SCHOOL:

EARLY CHILDHOOD EDUCATION: YES / NO

HOW MANY MONTHS?

HOW MANY HOURS PER WEEK?

NSN:

ENTRY DATE: POWHIRI: YES / NO

### PARENT DETAILS

PARENT

HOME PHONE:

MOBILE PHONE:

WORK PHONE:

OCCUPATION:

PARENT:

HOME PHONE:

MOBILE PHONE:

WORK PHONE:

OCCUPATION:

ADDRESS IF DIFFERENT TO PUPIL:

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

I UNDERSTAND THAT MY CHILDS LEARNING WILL BE RECORDED ON SEESAW: YES / NO

### EMERGENCY CONTACT

NAME:

HOME PHONE:

MOBILE PHONE:

RELATIONSHIP TO CHILD:

**CUSTODY ARRANGEMENTS**

NAME OF LEGAL GUARDIANS:

ADDRESS:

HOME PHONE:

MOBILE PHONE:

EXTRA COPY OF REPORT TO:

ACCESS RESTRICTIONS:

**HEALTH**

ALLERGIES:

MEDICATIONS:

OTHER HEALTH ISSUES:

DOCTOR:

SIGHT:

SPEECH:

HEARING:

DIETRY REQUIREMENTS FOR LUNCHES:

**OTHER DETAILS**

BUS ROUTE:

ELIGIBLE / INELIGIBLE

HOBBIES/PRIVATE LESSONS:

OTHER INFORMATION OFFERED BY PARENTS:

TRANSPORT TO SCHOOL:

TRANSPORT FROM SCHOOL TO HOME:

Name and age of family members likely to attend Kaiwaka School in the future

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I understand that the school will act on my behalf in the case of sudden illness or injury.  
 I agree to abide by school policies.  
 I agree to allow hearing and vision, and the dental truck to examine my child when applicable.  
 I give permission for my contact details to be made available for school related matters.  
 I understand that my child's records will be passed on to a new school, on request.

SIGNATURE OF  
PARENT/GUARDIAN**ADMINISTRATION**

ENTERED ON ENROL:

ENTERED ON eTAP:

START DATE FOR SCHOOLING AND SCHOOL:

ENTERED ON SEESAW: