

# 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:	/	/	Current class/year level:	Eldest child at this school:
	Home Address:							Zone: In / Out / NA
	Previous school/centre:				Address:			
	Rural Emergency No:				Home language:			
	Ethnicity 1:	2:	3:	Iwi/Hapu 1:		2:		
	Residency/Citizenship? Yes / No	If No, Date of NZ entry:			Country of birth:			

PARENTS/CAREGIVERS	Title:	Legal surname:	First name/s:		Relationship to pupil:	
	Home address: (if different to pupil)					Country of birth:
	Workplace/Hrs:	Occ:	Ph Hm:		Ph Wk:	
	Mob:	Email:				
	Title:	Legal surname:	First name/s:		Relationship to pupil:	
	Home address (if different to pupil)					Country of birth:
	Workplace/Hrs:	Occ:	Ph Hm:		Ph Wk:	
	Mob:	Email:				
	Emergency contact name 1:	Relationship to pupil:		Ph Hm:	Mob:	
	Emergency contact name 2:	Relationship to pupil:		Ph Hm:	Mob:	
	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 <b>OR</b> <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <b>OR</b> <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 <b>hours per week</b> for up to three services (a-f) <b>or tick the appropriate box</b> (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"/>	<b>Only tick following boxes if ECE hours section to the left is not completed.</b>	
	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)	
Extra copy of school report to:		Address:

HEALTH, LEARNING & BEHAVIOUR	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.
	Additional information:					

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number		or <input type="checkbox"/> Passport/number		School admission to:
	Records/information requested: / /		Records/information received: / /		Date of entry: / /
	<input type="checkbox"/> Academic	NSN:	No previous schools/enrolments:		Year level:
	<input type="checkbox"/> Attendance	Data entered: / /	Teacher:		Room:
	<input type="checkbox"/> Behavioural	Other:	Issued... Health card <input type="checkbox"/>		School info/pack <input type="checkbox"/>
<input type="checkbox"/> Custodial	Additional information:				School stamp:
<input type="checkbox"/> Health					
<input type="checkbox"/> Personal					

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