

PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen. Copy 1: Office Copy 2: Dental Therapist Copy 3: Teacher

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|-------|---------------------------------|--------------------------|------------|-------------|-----------------------|----|---------------------------|------------------------------|
| 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: | | | |

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|--------------------|---------------------------------------|------------------------|----------------|--------|------------------------|-------------------|
| 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: | | | | | |

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|--|--|--------------------------|--------------------------|---|---|--------------------------|
| 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"/> | | | |

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| CUSTODY ACCESS | Court order issued? Yes / No / NA | |
| | (attach further information as required) | |
| Extra copy of school report to: | | Address: |

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|------------------------------|--|------------|---------------------|--|
| 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: | | | |
| | 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: | | | | | |

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|------------------------------------|--|-------------------|--|--|---|
| 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: | | | | |
| <input type="checkbox"/> Health | | | | | |
| <input type="checkbox"/> Personal | | | | | |

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