

Immunisation Sighted



Birth Certificate Sighted

ENROLMENT FORM

General Data

Family Name..... First Names.....

Preferred Name DOB Gender M/F.....

Address

Phone No..... Country/Origin Date Entered NZ

Language..... Ethnic Group..... : :

My child has (please indicate with a tick if appropriate):

Special Needs

Special Abilities

ESOL

PARENT SECTION

MOTHER'S DETAILS

Family Name.....

First Name.....

Title (Mrs/Ms/Dr).....

Address.....

Occupation.....

Work Phone No.....

Mobile Phone No.....

Report Yes/No

Legal Guardian Yes/No

Access Rights Yes/No

Child's name above lives with: Mother Only

FATHER'S DETAILS

Family Name.....

First Name.....

Title Mr/Dr).....

Address.....

Occupation.....

Work Phone No.....

Mobile Phone No.....

Report Yes/No

Legal Guardian Yes/No

Access Rights Yes/No

Father Only

Both Parents

I understand that photos of my child may be displayed in our newsletter, appear on our school website or be used for School of Education teaching purposes.

Room..... Teacher Year Enrol #

Today's Date First Attended Here

ENROL

SMS

ADMISSIONS

REQUEST

PROOF OF ADDRESS

Emergency Information
(Other Than Parents / Caregiver)

Name..... Address.....
Telephone: Home..... Work.....
Relationship

Medical Information

Medical Problems
Medication Needed.....
Hearing Vision..... Speech.....
Doctor Phone

Address
.....

ACCIDENT & EMERGENCY

Permission for emergency transportation of child to medical centre
(Cost to be met by Parent/Caregiver)

..... (Parent/Caregiver Signature)

OTHER DETAILS

My child will be the eldest at HNS Yes / No No. of younger siblings _____
Siblings Name DoB
Siblings Name DoB
Siblings Name DoB

Previous School / Pre School
Date of last attendance at previous school
Previous Dental Clinic

I understand that my child will work with trainee students from time to time as part of a normal school.

Is your child currently under suspension or disciplinary action from another school Yes / No

PRIVACY ACT

This document is signed knowing that the information given is protected by the Privacy Act and that the school has given an assurance that the information will not be released to anyone other than those who are entitled under the terms of the Act.

Signed Date