

Immunisation Sighted



Birth Certificate Sighted

Enrolled By: _____

Hillcrest
NORMAL SCHOOL

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 Only

Both Parents

PTO

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

Room..... Teacher Year Enrol #

Today's Date First Attended Here

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