

<b>PUPIL</b>	Legal surname:		Legal first name/s:		
	Preferred surname:		Preferred first name:		
	Eldest child at this school:	Place in family:	of	Boy/Girl DoB: / /	Current class/year level:
	Address:		Previous school/centre:		
	Address:		Address:		
	Phone:	Mobile:	Ethnicity:		Iwi/Hapu:
	Email:		1.	1.	
	Rural Emergency No:	Home language:	2.	2.	
	Residency/Citizenship? Yes / No	If No, enter details below.	3.	3.	
	Date NZ entry:	Country of birth:	Zone: In / Out / NA	Religious education: Yes / No	

<b>PARENT/S CAREGIVERS</b>	Title: Legal surname:		First name:		Relationship to pupil:	
	Residential address: If different from pupil.		Country of birth:	Workplace/Hrs:	Occ:	
	Ph: _____		Ph Wk: _____	Ph: _____		Mob: _____
	Title: Legal surname:		First name:		Relationship to pupil:	
	Residential address: If different from pupil.		Country of birth:	Workplace/Hrs:	Occ:	
	Ph: _____		Ph Wk: _____	Ph: _____		Mob: _____
	Emergency contact name 1:		Relationship to pupil:		Ph: _____	
	Emergency contact name 2:		Relationship to pupil:		Ph: _____	
	Doctor:		Ph: _____	Dental clinic:		
	Name/s of legal guardian/s:					

<b>EARLY CHILDHOOD EDUCATION</b>	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last ____ year/s. <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule. <input type="checkbox"/> No, did not attend ECE.			<b>CUSTODY ACCESS</b>	Court order issued? Yes / No / NA Attach further info as required.		
	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						
	b) Playcentre						
	c) Kindergarten or Education and Care Centre						
	d) Home based service						
	e) Playgroup						
	f) Correspondence School - Te Aho o Te Kura Pounamu						
	g) Attended, but only outside New Zealand						
h) Attended, but don't know what type of service			Only place a tick (✓) in the boxes at left as appropriate if section above is left blank.				
i) Did not attend							
j) Unable to establish if attended or not							
Extra copy of school report to:			Address:				

**PUPIL ENROLMENT FORM**  
January 2011  
**Not to be photocopied**

Order from NZPF  
Fx 04 471 2339 or  
natloff@nzpf.ac.nz

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<b>HEALTH LEARNING &amp; BEHAVIOUR</b>	Has your child had a B <sub>4</sub> School Check? Yes / No		Immunisation Cert	Learning/Behaviour Needs:		
	B <sub>4</sub> SC health?	Sighted: Yes / No				
	B <sub>4</sub> SC developmental?	Requested...				
	B <sub>4</sub> SC behavioural?	Completed: Yes / No				
	Vision:		Specialist Needs/Resourcing/Agencies:			
	Hearing:					
	I consent to my child's vision and hearing being tested. Yes / No					
	Allergies:					
	Medication:		Other information/requests:			
	Speech:					
Serious problems:		Attach further information as required.				

<b>PRIVACY APPROVAL</b>	<b>Privacy statement:</b> The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.		<b>Parent approvals:</b> I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.	
	Parent/Caregiver signature: _____		Date: / /	

<b>OTHER</b>	Members of your family likely to be attending this school in the future.		Additional information:	
	1.	Birth date: / /		
	2.	Birth date: / /		
	3.	Birth date: / /		

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