



ENROLMENT FORM

PUPIL	Legal Surname:	Legal First Names:		
	Preferred Surname:	Preferred First Name:		
	Eldest child at this school:	Boy/Girl	DoB / /	Current Year Level:
	Address:	Previous School/Centre:		
	Postal Address (if different):	Ethnicity:	Iwi/Hapu:	
	Telephone:	1	1	
	Mobile:	2	2	
		3	3	
	Email:			
	Rural Emergency No:			
Residency/Citizenship? Yes/No (If no enter details below)				
Date NZ entry:		Country of Birth:		

PARENTS/CAREGIVERS	Primary Caregiver		
	Legal Surname:	First Name:	
	Residential Address: (If different from pupil)	Workplace	
	Home Phone:	Work Phone:	Mobile:
	Secondary Caregiver		
	Legal Surname:	First Name:	
	Residential Address: (If different from pupil)	Workplace	
	Home Phone:	Work Phone:	Mobile:
	Emergency Contact name 1:		
	Name:		
Relationship to Pupil:	Home Phone:	Mobile:	
Emergency Contact name 2:			
Name:			
Relationship to Pupil:	Home Phone:	Mobile:	
Doctor:	Telephone:	Dental Clinic:	
Name/s of legal guardian/s:			

EMERGENCY – is someone other than yourself living in the Martinborough District who can take your child in an emergency ie sickness, accident, civil emergency, if you are not contactable or are out of the area.

Was ECE regularly attended: Yes for the last _____ years.
 (eg Kindy) Only occasionally. Did not attend ECE.

Did your child attend an ECE in the six months prior to starting school ie kindy

Please enter the number of hours per week attended:

Court Order Issued: Y	N	
Attached further info as required:		
Extra copy of school report to:		
Address:		

Immunisation Cert:		Learning Behaviour Needs:	
Sighted: Y / N	Requested:	Completed: Y / N	
Vision:	Hearing:	Specialist Needs/Resourcing/Agencies:	
I consent to my child's vision & hearing being tested: Yes / No			
Allergies: (Does your child require an Epi pen) Y / N		Other information/requests:	
Medication: (Does your child require medication at school) Y / N (Asthmatic)			
Speech:			
Serious Problems:			

Pre-School/Previous School		Left/Right Handed
Reading:		
Maths:		
N/Entrants :	Can count to:	Knows Alphabet:
Physical:		
Interests:		
Social:		
Members of our family likely to be attending this school in the future:		Additional Information:
1	DoB / /	
2	DoB / /	
3	DoB / /	

PRIVACY

Privacy Statement: In accordance with the principles of the Privacy Act. The school will not disclose any information to any person or agency unless such disclosure is authorised or required by law

Parent approvals: 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 by the school in publications, online, school website and on social media. That the school may forward my child's name & address to a potential secondary school.

Parent/Caregiver signature: _____
 Date: _____

OFFICE

Birth Date Verification: Birth Cert No:	Passport No:	School Admission No												
<table border="1"> <tr><td>Academic</td><td></td></tr> <tr><td>Attendance</td><td></td></tr> <tr><td>Behaviour</td><td></td></tr> <tr><td>Custodial</td><td></td></tr> <tr><td>Health</td><td></td></tr> <tr><td>Personal</td><td></td></tr> </table>	Academic		Attendance		Behaviour		Custodial		Health		Personal		NSN:	House:
Academic														
Attendance														
Behaviour														
Custodial														
Health														
Personal														
Homeclass:	Year Level:	Date of Entry:												
Library System:	School email address requested from New Era:													
Teacher:	Bus Pupil: Y / N	Bus Run:												