

PUPIL	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 _____	

PARENT/S CAREGIVER/S	Title: _____ Legal surname: _____	First name: _____ Relationship to pupil: _____
	Residential address: _____ Country of birth: _____	Workplace/Hrs: _____ Occ: _____
	If different from pupil.	Ph Hm: _____ Ph Wk: _____ Mob: _____
	Title: _____ Legal surname: _____	First name: _____ Relationship to pupil: _____
	Residential address: _____ Country of birth: _____	Workplace/Hrs: _____ Occ: _____
	If different from pupil.	Ph Hm: _____ Ph Wk: _____ Mob: _____
	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/s of legal guardian/s: _____		

EARLY CHILDHOOD EDUCATION	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.	CUSTODY ACCESS	Court order issued? Yes / No / NA
	Did your child attend an ECE service in the six months prior to starting school?		Attach further info as required.
	Please enter the number of hours per week for up to three services (a - f) or tick the appropriate box (g - j).		
	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			
i) Did not attend			
j) Unable to establish if attended or not			
<p>ECE 1 (hrs/wk) ECE 2 (hrs/wk) ECE 3 (hrs/wk)</p> <p>Only place a tick (✓) in the box/es at left as appropriate if section above is left blank.</p>		<p>Extra copy of school report to: _____</p> <p>Address: _____</p>	



PUPIL ENROLMENT FORM
February 2013
Not to be photocopied

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

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HEALTH LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No _____	Immunisation Cert _____	Learning/Behaviour Needs: _____
	B4SC health? _____	Sighted: Yes / No _____	
	B4SC developmental? _____	Requested... _____	
	B4SC 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.	

PRIVACY APPROVAL	Privacy statement: 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.	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 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: / / _____

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

OFFICE USE	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: / / _____
	Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Behavioural <input type="checkbox"/> Custodial <input type="checkbox"/> Health <input type="checkbox"/> Personal <input type="checkbox"/>	NSN: _____ No previous schools/enrolments: _____ Year level: _____
	NSN: _____ Data entered: / / _____ Other: _____	Teacher: _____ Room: _____
		Issued... Health card <input type="checkbox"/> School info/pack <input type="checkbox"/> Additional information: _____