

Application for Enrolment Form

In Zone

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Out Of Zone

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Legal Family Name		Legal/First Name(s)	
Preferred Family Name		Preferred First Name(s)	
Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Gender Diverse	Date of Birth	
Home Address			
Suburb		Post Code	
Ethnicity Details			
<input type="checkbox"/> NZ Māori	<input type="checkbox"/> NZ European	<input type="checkbox"/> Pasifica:	Other:

Caregiver Details - Caregiver 1			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Family Name:	
First name:		Ethnicity:	
Address:		Post Code:	
Email Address:			
Phone Number:		Work/Home Phone:	
Relationship to child:		Languages Spoken:	

Caregiver Details - Caregiver 2			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Family Name:	
First name:		Ethnicity:	
Address:		Post Code:	
Email Address:			
Phone Number:		Work/Home Phone:	
Relationship to child:		Languages Spoken:	

Country of Origin:			
Parent 1 Birth Country:		Parent 2 Birth Country:	

Date of Arrival in NZ:	Visa Type:	Visa Expiry:
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If New Zealand Māori, please let us know your			
Iwi			
Hapu			

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Languages Spoken at home		
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Child Personal Information

Does your child require medication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your child requires medication at school please provide details:	
Has your child been fully immunised for their age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor & Clinic Name:	

Does your child have any learning or behavioral needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your child has learning or behavioral needs at school please provide details.	
Does your child currently work with any Ministry of Education staff or staff from other agencies?	
<u>Cultural/Religious/Other Relevant Information</u> e.g. does your family observe special days/celebrations (i.e Eid, Ramadan), <u>are there certain foods your child does not eat</u> , is your child a vegetarian etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

Custody Information	
Please provide any relevant information	
Documentation to support this has been provided <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous School Details			
Previous School		Year Level	

PreSchool Siblings					
Name:		Gender:		Date of Birth:	
Name:		Gender:		Date of Birth:	

Emergency Contacts. Please provide up to 4 emergency contacts. These emergency contacts will be allowed to collect your children from school if there is an emergency at school and we are unable to get hold of caregivers. We will then contact emergency contacts.					
Emergency Contact 1			Emergency Contact 2		
Name:			Name:		
Phone numbers:			Phone numbers:		
Address:			Address:		
Relationship to child:			Relationship to child:		
Emergency Contact 3			Emergency Contact 4		
Name:			Name:		
Phone numbers:			Phone numbers:		

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Address:		Address:	
Relationship to child:		Relationship to child:	

Parent Authorisations			
I understand that the school will take action on my behalf in the event of an injury or sudden illness.	Yes	No	
I give permission for my child to be taken out of school during the day for educational trips.	Yes	No	
I give permission to use photographs/images of my child while taking part in various activities at school. These photos ARE PUBLIC and could appear on our website, newsletters, Facebook or various public forums.	Yes	No	
I agree to follow the Board of Trustees rules, policies and procedures.	Yes	No	
May we pass your phone number to LINK (our community & teacher group)?	Yes	No	
I am happy to receive newsletters and notices via email.	Yes	No	
If enrolling your child in our French bilingual class, I approve my contact details to be shared with FRENZ?	N/A	Yes	No

Please attach/ provide the following documentation along with the application	
<input type="checkbox"/> A New Zealand birth certificate or passport (if New Zealand citizen)	
<input type="checkbox"/> Australian passport (if Australian citizen)	
<input type="checkbox"/> If not a New Zealand citizen a visa & passport for your child showing eligibility to study in New Zealand	
<input type="checkbox"/> Proof of your address (if in zone) This can be any of the following: <ul style="list-style-type: none"> Recent utilities bill (internet, electricity, gas or contents insurance invoice) Or valid tenancy agreement In some circumstances we may require proof of family/sibling relationships. 	
<input type="checkbox"/> A copy of any court order documents (if applicable)	
<input type="checkbox"/> I will advise the school if any circumstances change for my child & will keep you up to date with new phone numbers & addresses if they are to change.	

Parent/Caregiver Name:		Signed:		Date:	
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Office Use Only Enrol No:	Date of Entry:	NSN:	Year:	Teacher/Room:
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