	Winchester					Rural		School					
E	n	r	0	1	m	е	n	t	F	0	r	m	

The school needs to sight your child's birth certificate, immunisation certificate, citizenship papers or visas, before enrolling your child.

Child's Details								
Surname:								
First Names:								
Preferred Name:								
Year: 0 1 2	3 6							
Gender: Male Female Da	te of Birth							
Ethnicity: NZ European NZ Maori	Other							
Do you affiliate with Ngai Tahu	Please specific iwi Please specify							
Citizenship: New Zealander Other	Please specify:							
First Language: English Other	Please specify:							
Position in the family (at our school) i.e. I^{st} , 2^{nd} ,	3^{rd}							
Parent and C	Caregiver Details							
Parent/Caregiver 1	Parent/Caregiver 2							
Name:	Name:							
Title: Mrs/Mr/Miss/Ms	Title: Mrs/Mr/Miss/Ms							
Relationship:	Relationship:							
i.e. mother/father/caregiver Phone: Mobile:	i.e. mother/father/caregiver Phone: Mobile:							
Email:	Email:							
Address:	Address:							
Postal:	Postal:							
Postcode:	Postcode:							
Work Place:	Work Place:							
Work Phone:	Work Phone:							
Occupation:	Occupation:							
Child lives with Both parents Par	rent 1 Parent 2							
Any legal issues the school should be aware of: If there are any relevant court orders, the school is required to site these documents. Please bring in with your enrolment forms.								
Emergency Contact Details								
Contact 1	Contact 2							
Name:	Name:							
Relationship:	Relationship:							
Phone/Mobile	Phone/Mobile							
Relevant Medical History								
Any Medical Conditions List any medical problems and information the school needs to know i.e. asthma, diabetes, ADHD, glasses, hearing issues. (Medical issues may be displayed in staffroom and sickbay see note below) Allergies List any allergies your child has. (These are displayed in staffroom and sickbay see note below)								

If Your child has allergies or medical issues we may share this with staff members by way of a photo with medical details displayed in the staffroom and sickbay. Do you give your permission to have your child's medical information displayed in this way.

YES/NO

If your child requires medication to be administered for any of these medical conditions, please fill in the "Administering Medication" slip in the back of the prospectus and return to school with this enrolment form.

	I agree		I disagree		
Doctors Name:					
	Tick the releva	Early Childhont boxes of Early childhon	ood Education hood facilities attended by	your child.	
Kindergarten	Playcentre	Pre School	Kohunga Reo	Playgroup	Other (specify)
Number of hours attended per well f you are unsure of the hours yo		please enter an approxi	mate number		
] [
Other siblings likely to attend W	inchester Rural:	Name	2:	Date of birth:	Which ECE attending:
PLEASE NAME A PARENT/S EMERGENCY IF WE ARE UN			RMISSION TO PICK UP	YOUR CHILD/REN IN	N THE EVENT OF AN
NAME:	CC	ONTACT PHONE NUM	MBER/S:		
Confidentiality: The information purpose of education only.	n requested by the school in	order to meet the stati	utory requirements of the l	Ministry of Education, is	s held securely and used for the
Parent/Caregiver Verification: contacts may be maintained.	The information above is t	rue and correct. I unde	rtake to advise the school	of any change in circum	nstances so that accuracy and
Signed		Date			
	ild's birth certificate and in l of the permission slips in				

➤ Have you got all of your papers and visas?

Thank you – The team here at Winchester Rural School welcome your family to our school and trust you will find this a positive experience for both you and your child.