

# Pupil Enrolment Form



Date starting school \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Date enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by: \_\_\_\_\_

Enrolment No: \_\_\_\_\_

NSN: \_\_\_\_\_

**Child's SURNAME Name:** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's FIRST Name:** \_\_\_\_\_

Verified  
Yes - Copy of Birth Cert attached

**Child's SECOND Name:** \_\_\_\_\_

No Reason \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Male / Female

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

Date Starting **Northcote School:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Started School: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School: \_\_\_\_\_

## Primary contact

**Relationship to child:** \_\_\_\_\_  
(ie mother/father)

Mr/Mrs/Miss/Ms

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address:  
(If different from pupil) \_\_\_\_\_ Suburb \_\_\_\_\_

Post code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other phone contact: (i.e. work) \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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(ie mother/father)

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(If different from pupil) \_\_\_\_\_ Suburb \_\_\_\_\_

Post code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other phone contact: (i.e. work) \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Office Use Only** *linc-ed* ☐ *Welcome to Northcote* ☐ *Email Library* ☐ *Admissions Book* ☐ *ENROL* ☐ *Portfolio Book* ☐ *emergency list* ☐ *Update relievers folder list* ☐ *Request from other school* ☐ *Chrome book* ☐ *House:* \_\_\_\_\_

Please complete the information on the back of this form too.

**Emergency contact: if the above are unable to be contacted**

Mr/Mrs/Miss/Ms

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

Relationship: Grandparent / Aunt / Uncle / Friend / Other \_\_\_\_\_

**Other Siblings likely to attend:** Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete**

**Early childhood education:** Did your child attend an early childhood service?:

Yes:- for the last \_\_\_\_\_ months/years. How many hours per week? \_\_\_\_\_

Not regularly, only occasionally with no on-going schedule

Name of Early Childhood Service: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Language spoken at home English / \_\_\_\_\_

Ethnicity, (cultural identification with a particular ethnic group. Dual ethnicity may be selected)

NZ European / Pasifika / NZ Maori-Iwi: \_\_\_\_\_ Other \_\_\_\_\_

Spiritual Affiliation: \_\_\_\_\_

**Medical Details**

Medical Practice: \_\_\_\_\_

Fully immunised: Yes / No

Permission to call doctor: Yes /No Immunisation Cert shown: Y / N

List any medical problems and information the school should be aware of, i.e. asthma, allergies

Custody Arrangement/Access Restrictions Court Orders  
and any other information the school should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

I approve / disapprove of the school using my  
child's photo for any promotional purposes for  
the school. E.g. Brochures, internet

**Confidentiality**

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used the purpose of education only.

**Parent / Caregiver Verification:**

The information above is true and correct. I undertake to advise the school of any change in circumstance so that accuracy and contacts may be maintained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

New Entrant visit letter sent. Date: \_\_\_\_\_

Dates for visits: \_\_\_\_\_ and \_\_\_\_\_