



Positivity/Ngākaupai - Respect/Whakaute - Integrity/Tapatahi - Determination/Pūtohe - Excellence/Kairangi

### OFFICE USE ONLY

Birth Certificate YES/NO

Residency YES/NO

NZ citizenship YES/NO

Passport no: \_\_\_\_\_

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

IN/OUT of school zone

Evidence of in school zone \_\_\_\_\_

Evidence of Immunisation YES/NO

Year Level \_\_\_\_\_

Class \_\_\_\_\_

Intended Start Date: \_\_\_\_\_ Enrol number \_\_\_\_\_

### STUDENT DETAILS

First Name/s \_\_\_\_\_

Surname/s \_\_\_\_\_

Preferred Name (known by) \_\_\_\_\_

Gender MALE / FEMALE Age: \_\_\_\_\_ Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Country of birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_

### PARENT/CAREGIVER DETAILS

Mother / Caregiver / other :

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

Suburb: \_\_\_\_\_ postcode: \_\_\_\_\_

Home (Phone) \_\_\_\_\_ Work (Phone) \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

## PARENT/CAREGIVER DETAILS

Father / Caregiver / other :

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

Suburb: \_\_\_\_\_ postcode: \_\_\_\_\_

Home (Phone) \_\_\_\_\_ Work (Phone) \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

## 1 - EMERGENCY CONTACT (they will be contacted if we can not get hold of you)

Name \_\_\_\_\_ Phone (Home,work) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

## 2 - EMERGENCY CONTACT (they will be contacted if we can not get hold of you)

Name \_\_\_\_\_ Phone (Home,work) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

## CUSTODY ACCESS /ACCESS RESTRICTIONS (please state relevant information)

Court order in place YES/NO

## PREVIOUS SCHOOLING (including early childhood education)

Please indicate what Early Childhood Centre if this student attended one

\_\_\_\_\_ Hours per week attended \_\_\_\_\_

Previous school attended: \_\_\_\_\_ Year: \_\_\_\_\_

## ETHNICITY

Please choose the Ethnic Groups, listed below, which you believe your child belongs to:

NZ European/Pakeha

Pacific Islands (specify) \_\_\_\_\_

NZ Maori - Please indicate Iwi Affiliation

Asian (specify) \_\_\_\_\_

Other \_\_\_\_\_

### HEALTH RECORD - Please outline any health issues or medications

Name of Medical practice \_\_\_\_\_ Phone \_\_\_\_\_

Doctors name \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Sight / Vision / Speech / Hearing or Other medical issues \_\_\_\_\_

Immunised YES/NO

### SCHOOL LUNCHES - PROVIDED BY MINISTRY OF EDUCATION

Would you like your child to receive school lunches YES /NO

Does your child have any dietary requirements YES / NO

Please specify \_\_\_\_\_

### LEARNING, BEHAVIOUR , PASTORAL NEEDS, (Please note any relevant information)

### Permissions

Publication of child's image and work online in newsletters/school facebook page: YES / NO

Use of supervised internet whilst at school: YES / NO

EOTC Blanket Consent form: participation of trips outside the school YES / NO

Community Dental: YES / NO

Panadol tablet permission: I give permission for staff to administer panadol YES / NO

Sudden Injury permission: For staff to act on my behalf in the case of a sudden injury or illness YES / NO

## **PARENT/GUARDIAN DECLARATION**

**I understand that the information contained on this form is personal information under the Privacy Act 1994.**

**I also understand as follows:**

- 1. The information provided by me will only be used by the school for school purposes. However, the information may also be disclosed to emergency services in the event of a medical emergency.**
- 2. I have the right to access the information, and can amend or correct it if need be.**
- 3. I understand that if I fail to provide the personal information of my child that it may prejudice my child's treatment in the event of a medical emergency.**
- 4. I understand that the information may be disclosed to the Ministry of Education for educational purposes.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_