


OTAKIRI SCHOOL ENROLMENT FORM

STUDENT DETAILS		BOY / GIRL	DATE OF BIRTH: / /	CURRENT CLASS / YEAR LEVEL:
FAMILY NAME:		PREVIOUS SCHOOL/CENTRE (& ADDRESS)		
FIRST NAMES:		PRE-SCHOOL: HRS PER WEEK		
NAME OF ELDEST CHILD AT THIS SCHOOL:		ETHNIC GROUPS CHILD RELATES TO:		
PLACE IN FAMILY: OF				
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS: (if different to postal)				
HOME PHONE:		IWI/HAPU		
EMAIL:				
FAX:				
NZ RESIDENT/CITIZEN YES/NO		DATE NZ ENTRY: / /		
(if NO enter details)				
HOME LANGUAGE:		COUNTRY OF BIRTH:		
		Child is to attend Bible in Schools YES / NO		

PARENT/CAREGIVER DETAILS		WORKPLACE:	SHIFT HOURS:
1. TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:
RESIDENTIAL ADDRESS: (IF DIFFERENT TO CHILD)		BIRTH COUNTRY OF PARENT:	WORK PHONE:
			PARENT HOME PHONE:
			MOBILE:
2. TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:
RESIDENTIAL ADDRESS: (IF DIFFERENT TO CHILD)		BIRTH COUNTRY OF PARENT:	WORK PHONE:
			PARENT HOME PHONE:
			MOBILE:
EMERGENCY CONTACT:		NAMES/S OF LEGAL GUARDIANS:	
1st:		RELATIONSHIP TO CHILD:	
PHONE NUMBER:			
2nd:		RELATIONSHIP TO CHILD:	
PHONE NUMBER:			
DOCTOR:	PHONE:	DENTAL CLINIC:	

CUSTODY/ACCESS ARRANGEMENTS <small>(Attach separate sheet if more space required)</small>	EARLY CHILDHOOD EDUCATION Centre attended before starting school: Hours attended per week: <input type="checkbox"/> Kindergarten, Playcentre, Education & Care or Home Based Service <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Pacific Islands EC Group for Playgroup <input type="checkbox"/> ECE Group, type unknown, including Overseas <input type="checkbox"/> Did not attend any type of ECE Centre/ Service <input type="checkbox"/> Unable to establish if ECE attended or not
EXTRA COPY OF SCHOOL REPORT TO:	
COURT ORDER ISSUED? YES / NO / N/A	

HEALTH <small>(Attach separate sheet if more space required)</small>	I consent to my child's vision and hearing being tested. YES/NO	IMMUNISATION CERTIFICATE
ALLERGIES	VISION:	SIGHTED: YES NO REQUESTED
MEDICATION:	HEARING:	COMPLETED: YES NO
SPEECH:	SERIOUS PROBLEMS:	

OTHER DETAILS LEARNING AND BEHAVIOUR NEEDS	
SPECIAL NEEDS (BACKGROUND / FUNDING): eg ESOL, ORRS	
OTHER INFORMATION / REQUESTS / SPECIAL INTERESTS OR ABILITIES	
NAMES OF FAMILY MEMBERS LIKELY TO BE ATTENDING OTAKIRI SCHOOL IN THE FUTURE	
1. _____ BIRTHDATE: / /	Parent Approvals: I agree that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies. I agree that the school may forward my child's name and address to a potential secondary school.  SIGNATURE OF PARENT / CAREGIVER DATE: / /
2. _____ BIRTHDATE: / /	
3. _____ BIRTHDATE: / /	

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 as required by law.

OFFICE USE ONLY	No. of PREVIOUS SCHOOLS / ENROLMENTS:	BIRTHDATE VERIFIED:	ADMISSION NUMBER:
RECORDS REQUESTED: / /		SCHOOL INFORMATION PACK ISSUED:	BUS PUPIL:
RECORDS RECEIVED: / /		HEALTH CARD ISSUED:	DATE OF ENTRY:
NSN NUMBER:	HOUSE:	YEAR LEVEL:	ROOM:
ENROL ACADEMIC ATTENDANCE BEHAVIOURAL CUSTODIAL HEALTH PERSONAL		TEACHER:	