

# ENROLMENT FORM



**SURNAME:** \_\_\_\_\_

**First Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_

\* Please note a copy of **Birth Certificate or Passport** must be given to the school when enrolling your child. This is a MOE requirement.

**Current School:** \_\_\_\_\_

**Preferred Ethnic Description:** (European, Maori - state Iwi, Other) \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

Caregiver Details	Caregiver 1	Caregiver 2	Emergency Contact
<b>Family Name:</b>			
<b>Title: Mr, Mrs, Miss, Ms</b>			
<b>First Name:</b>			
<b>Address:</b>			
<b>Phone: Home:</b>			
<b>Cell:</b>			
<b>Work:</b>			
<b>Occupation:</b>			
<b>Workplace:</b>			
<b>Relationship: **</b> ** Mother, Father, Guardian etc			
<b>Family Email Address:</b>			

*(Where possible Newsletters & school wide communications will be emailed)*

**FAMILY SITUATION:** (include any information you wish the teacher to know about your child) \_\_\_\_\_  
 \_\_\_\_\_

Student will normally travel to school by: (Please circle) Walking    Cycling    Bus    Other

**MEDICAL INFORMATION REGARDING PUPIL:**

TYPE OF HEALTH PROBLEM & HOW SERIOUS: \_\_\_\_\_  
 \_\_\_\_\_

MEDICATION TAKEN ON A REGULAR BASIS \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**PLEASE COMPLETE FAMILY DOCTOR'S NAME & CONTACT DETAILS – IT IS IMPORTANT IN CASE OF EMERGENCY**

**SPECIAL INTERESTS:**

(e.g. Sport, Music, Art, Cultural) \_\_\_\_\_  
 \_\_\_\_\_

Parent/Caregiver 1 Signature: \_\_\_\_\_

Parent/Caregiver 2 Signature: \_\_\_\_\_

**Office Use Only:**

Year Level: \_\_\_\_ Room: \_\_\_\_

Enrolment Number: \_\_\_\_\_

Copy of Birth Cert/Passport

Start date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

International Student: