



# Application for Enrolment

## PERSONAL INFORMATION

Family Name:		First Name:		Pref. Name:	
Place in Family:	of	BOY / GIRL	Date of Birth:	Age:	
Current Class / Yr. level:		Previous School / Early Childhood Centre:			
Iwi / Hapu:	NZ Residency Y / N (If not complete the next 2 boxes)		Date of Entry to NZ	Country of Birth:	
Date first Entered School:			Ethnic Group(s) child relates to:		

## PARENT / CAREGIVER INFORMATION

1.	Title:	Family Name:	First Name:	Relationship to Child:	
Occupation:		Home Phone:	Work Phone:	Mobile:	
Address:		Suburb:	City:		
Church Affiliation (If any):					
Email contact:			Fax:		

2.	Title:	Family Name:	First Name:	Relationship to Child:	
Occupation:		Home Phone:	Work Phone:	Mobile:	
Address:		Suburb:	City:		
Church Affiliation (If any):					
Email contact:			Fax:		

## EMERGENCY CONTACT NAMES

1 <sup>st</sup>	Contact Ph:	Address:
2 <sup>nd</sup>	Contact Ph:	Address:

## MEDICAL / LEARNING / CUSTDODIAN

Doctor's Name:	Phone:	Address:
Allergies:	Medication:	
Sight:	Speech:	Other:
Learning and / or Behavioural Needs:		
State any Special Interests or Abilities:		
Custody Arrangements / Access Restrictions:		

**Future Family members likely to be Attend this School**

Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:

Person responsible for the payment of fees:

Please state how you first became aware of this school:

Please state why you wish your child to attend this school:

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the School holds on my child. The records made from this information may be viewed on request at the School. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the School will take action on my behalf in case of sudden illness or injury, and I agree to abide by School policies including the Special Character aspect of the School.

SIGNATURE OF PARENT / CAREGIVER .....

DATE: ..... / ..... / .....

IMPORTANT: The School requires a copy of the applicant's Birth Certificate and / or Visa. Originals can be photocopied by the School when presented or a signed authenticated copy may be forwarded with application.

OFFICE USE:

Preference Determination: Non Preference / Preference General / Preference Particular

Enrolment Status: Accept / Decline / Waitlisted

Start Date:

Class to start:

Enrolment Deposit Received: \$

Birth Certificate / Visa Received: Y / N