

# Enrolment Form

for

Students Legal Name: \_\_\_\_\_  
as on Birth Certificate or Passport

OFFICE USE ONLY				
Admission No:			PLACEMENT	
NSN:			Year Level	
Date of Enrolment:			Teacher	
Birth Certificate verified: Yes / No    Number:			Room	
Other verification document:			Sports House	
Immunisation Certificate Verified    Yes / No				
Immunisation Certificate Up to Date    Yes / No			CHECKLIST	
Eligible for Bus    Yes/No			• Copy of enrolment form to class teacher	
In School Zone    Yes / No <i>(If 'No' complete below)</i>			• Records entered on Student Manager	
Out of School Zone <i>(Tick appropriate box)</i>	Sibling of current student		Sibling of former student	• Records entered on ENROL
	Child of Board employee		Other	• Records requested/file created

STUDENT INFORMATION – All of this section <b>MUST</b> be filled in				
LEGAL Last Name (as shown on Birth Certificate):			Gender:            Male / Female	
Last Name (if different from above) to be know here:				
LEGAL First Names:			Preferred Name:	
Address:				
Living with:			Language spoken at home:	
Date of Birth:		Place of Birth:		Date first attended school:
Ethnicity (Maori, NZ European etc) can list up to three:			Citizenship: (NZ, UK etc)	
Iwi affiliation:		If Citizenship is not NZ, Passport Status (visitor, work permit etc):		
Iwi affiliation:				
Siblings attending Grantlea Downs at present:				
Siblings who have previously attended Grantlea Downs:				
Siblings (other family members likely to be attending this school in the future)				
Name			D.O.B.	
Name			D.O.B.	

## PARENT / CAREGIVER DETAILS

### Caregiver 1 and Emergency Contact 1

Last Name:

First Names:

Salutation: Mrs / Ms / Miss / Mr

Relationship to Pupil:

Address:

Home Phone:

Cell Phone:

Work Phone:

Workplace:

OK to Phone at work: Yes / No

### Caregiver 2 and Emergency Contact 2

Last Name:

First Names:

Salutation: Mrs / Ms / Miss / Mr

Relationship to Pupil:

Address:

Home Phone:

Cell Phone:

Work Phone:

Workplace:

OK to Phone at work: Yes / No

## EMERGENCY CONTACT DETAILS (in addition to above)

### Emergency Contact 3

Last Name:

First Name:

Salutation: Mrs / Ms / Miss / Mr

Relationship to Pupil:

Address:

Home Phone:

Cell Phone:

Work Phone:

Workplace:

OK to Phone at work: Yes / No

### Emergency Contact 4

Last Name:

First Names:

Salutation: Mrs / Ms / Miss / Mr

Relationship to Pupil:

Address:

Home Phone:

Cell Phone:

Work Phone:

Workplace:

OK to Phone at work: Yes / No

## GUARDIAN & CUSTODY ARRANGEMENTS

Living with both parents

Sole Parent

Access by other parties (if there is a protection order in place please provide us with a copy of the document):

## PARENT INTERESTS

B.O.T.

Home and School

Sports

Road patrol

Parent Help – classroom / camps etc

Other

## EDUCATIONAL HISTORY – this section **MUST** be completed for MOE

### Type of Preschool Education Attended in the six months prior to starting school

Please circle *Kindergarten* *Playcentre* *Kohanga Reo* *Home based service* *Playgroup*  
*Did not attend an Early Childhood Education Centre*

Please state how many hours a week your child attended there above preschool education. If they attended more than one please state how many hours for each.

No of hours \_\_\_\_\_ If you the hours varied, enter an approximate or average number of **hours per week**.

### Did the child regularly attend Early Childhood Education (*please tick one*)

- Yes, for last 6 months       Yes, for last year       Yes, for last 2 years  
 Yes, for last 3 years       Yes, for last 4 years       Yes, for last 5 years  
 Not regularly, only occasionally with on-going schedule

Previous School and address:

Number of schools attended:

Date last school attended:

Previous Class Level:  
(Circle one)

Y1

Y2

Y3

Y4

Y5

Y6

Y7

Y8

## ACHIEVEMENT & BEHAVIOUR – fill in if known

Written Language

Reading

Maths

Social Relationships and Behaviour

Strengths

Areas of Concern

Special Support History (Reading Recovery, S.E.S., Speech)

## INTERESTS AND ABILITIES

Sporting

Cultural

Other

## OTHER INFORMATION

## HEALTH – MEDICAL – this section MUST be filled in

Family Doctor	Dental clinic enrolled at:							
Doctors Phone No		Positive	Negative					
Vision	HIV	<input type="checkbox"/>	<input type="checkbox"/>					
Hearing	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>					
Speech	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>					
Other Relevant Medical Information (a copy of your child's immunisation record is requested if a New Entrant (Year 0 or Year 1) must accompany this enrolment form.								
Has your child been immunised against MENZB? Yes/No								
Immunisation record	Hep B	Polio	Diphth	Tetanus	HIB	Measles	Mumps	Rubella
Immunisation complete for								
<b>5 YEAR OLDS ONLY</b>								
Has your child had a B4SC (Before School Check) with the Health Nurse				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

## MEDICAL PERMISSION FOR PARACETAMOL

The school office keeps a small stock of Paracetamol. Students are able to request Paracetamol on an occasional basis and a record will be kept. Paracetamol dose will be as per PHARMAC standard recommendations based on age. Signed permission **must be** completed or student will **not** be given Paracetamol.

I give permission for \_\_\_\_\_ to be given Paracetamol.

Students full Name

Signed:

Parent/Guardian/Caregiver

Date: \_\_\_\_\_

## AGREEMENT TO ABIDE BY ALL SCHOOL POLICIES, RULES & REQUIREMENTS

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 for education and health purposes only. **I authorise the school to make available my contact details to the Board of Trustees and Home and School Committee members for such purposes as fund raising and transport.**

### Parent/Caregiver Verification:

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

I understand and agree to the School taking action on my behalf in case of sudden illness or injury.

I agree to abide by all School Policies including the School Uniform Policy.

I agree to pay for the cost of the Student Profile, all manual training, sports fees, camp fees, outdoor activities and swimming costs.

I agree that photos of my child involved in school activities may be used for publicity purposes.

I agree to ensure our child(ren) will comply with the school rules and regulations, will act at all times with respect and consideration for others and the school environment and will be subject to the discipline of the school, Principal and Board of Trustees.

SIGNED:

Parent/Caregiver

DATE: \_\_\_\_\_

This enrolment form **MUST** be accompanied by a **Verification Document** such as a **NEW ZEALAND Birth Certificate OR Passport** if your child is enrolling in a New Zealand School for the first time.