

PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen.

Copy 1: Office

Copy 2: Dental Therapist

Copy 3: Teacher

PUPIL	Legal surname:		Legal first name/s:	
	Preferred surname:		Preferred first name:	
	Place in family:	of	Gender:	DoB: / /
	Current class/year level:		Eldest child at this school:	
	Home Address:		Zone: In / Out / NA	
	Previous school/centre:		Address:	
	Rural Emergency No:		Home language:	
Country of birth:		Ethnicity 1: 2: 3:		
Residency/Citizenship? Yes / No		If No, Date of NZ entry:		
Iwi/Hapu:				
PARENTS/CAREGIVER/S	Title:	Legal surname:	First name/s:	Relationship to pupil:
	Home address: (if different to pupil)			Country of birth:
	Workplace/Hrs:	Occ:	Ph Hm:	Ph Wk:
	Mob:	Email:		
	Title:	Legal surname:	First name/s:	Relationship to pupil:
	Home address (if different to pupil)			Country of birth:
	Workplace/Hrs:	Occ:	Ph Hm:	Ph Wk:
	Mob:	Email:		
	Emergency contact name 1:	Relationship to pupil:	Ph Hm:	Mob:
	Emergency contact name 2:	Relationship to pupil:	Ph Hm:	Mob:
	Doctor:	Ph:	Dental clinic:	
	Name of legal guardian/s:			
	EARLY CHILDHOOD EDUCATION	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last year/s OR <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule OR <input type="checkbox"/> No, did not attend ECE		
Did your child attend an ECE service in the six months prior to starting school?				
Please enter the number of hours per week for up to three services (a-f) or tick the appropriate box (g-j).		ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	
		ECE 3 (hrs/wk)		
a) Kōhanga Reo		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Playcentre		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Kindergarten or Education and Care Centre		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Only tick following boxes if ECE hours section to the left is not completed.				
g) Attended, but only outside New Zealand <input type="checkbox"/>				
h) Attended, but don't know what type of service <input type="checkbox"/>				
i) Did not attend <input type="checkbox"/>				
j) Unable to establish if attended or not <input type="checkbox"/>				
CUSTODY ACCESS	Court order issued? Yes / No / NA			
	(attach further information as required)			
Extra copy of school report to:		Address:		
HEALTH, LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No		B4SC health?	
	B4SC developmental?		B4SC behavioural?	
	Immunisation Cert Sighted? Yes / No	Requested?	Completed: Yes / No	
	Vision:		Hearing:	
	I consent to my child's vision and hearing being tested. Yes / No			
	Allergies:		Medication:	
	Speech:		Serious problems:	
	Learning/Behaviour Needs:			
	Special Needs/Resourcing/Agencies:			
	Other information/requests (attach further information as required):			
DECLARATION				
I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: _____ Date: / /				
OTHER	Members of your family likely to attend this school in the future.		1. Birth date: / /	
	2. Birth date: / /		3. Birth date: / /	
Additional information:				
OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number		School admission to:	
	Records/information requested: / /		Records/information received: / /	
	Bus route:		Date of entry: / /	
	School stamp:			
	Additional information:			

Not to be photocopied. Order from NZPF: office@nzpf.ac.nz.