

# 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	Boy / Girl	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:			
	Ethnicity 1:	2:	3:			Iwi/Hapu 1:	2:	
Residency/Citizenship? Yes / No	If No, Date of NZ entry:			Country of birth:				

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 <b>OR</b> <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <b>OR</b> <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 <b>hours per week</b> for up to three services (a-f) or <b>tick the appropriate box</b> (g-j).				ECE 1	ECE 2	ECE 3			
					(hrs/wk)	(hrs/wk)	(hrs/wk)			
	a) Kōhanga Reo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Only tick following boxes if ECE hours section to the left is not completed.</b>					
	b) Playcentre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Attended, but only outside New Zealand	<input type="checkbox"/>				
c) Kindergarten or Education and Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Attended, but don't know what type of service	<input type="checkbox"/>					
d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Did not attend	<input type="checkbox"/>					
e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Unable to establish if attended or not	<input type="checkbox"/>					
f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<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.
	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: / /			
	<input type="checkbox"/> Academic		NSN:		No previous schools/enrolments:		Year level:		School stamp:			
	<input type="checkbox"/> Attendance		Data entered: / /		Teacher:		Room:					
	<input type="checkbox"/> Behavioural		Other:		Issued... Health card <input type="checkbox"/>		School info/pack <input type="checkbox"/>					
<input type="checkbox"/> Custodial				Additional information:								
<input type="checkbox"/> Health												
<input type="checkbox"/> Personal												

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