

# Kerikeri Primary School



## Enrolment Form (One form per pupil)

OFFICE USE ONLY		Documents:	Copies to:	Entered:
Date received: .....	Year: .....	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Principal	<input type="checkbox"/> SM Pre-Enrol
Date due to start: .....	Room: .....	<input type="checkbox"/> Immunisation	<input type="checkbox"/> Teacher	<input type="checkbox"/> SM Current
Date started: .....	House: .....	<input type="checkbox"/> Health	<input type="checkbox"/> ESOL	<input type="checkbox"/> ENROL
Enrolment No: .....	Teacher: .....	<input type="checkbox"/> Passport & Visas		
NSN No: .....	Transferring From: .....			

### PUPIL DETAILS

Surname \_\_\_\_\_

First Name/s \_\_\_\_\_

Preferred Name \_\_\_\_\_

Gender Male / Female \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_\_

Current Year \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone No \_\_\_\_\_

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

Citizenship \_\_\_\_\_

Home Language/s \_\_\_\_\_

Ethnicity 1 \_\_\_\_\_ Iwi 1 \_\_\_\_\_  
 2 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 3 \_\_\_\_\_

**Child Lives with:** Both Parents

    Mother \_\_\_\_\_

    Father \_\_\_\_\_

    Stepmother \_\_\_\_\_

    Stepfather \_\_\_\_\_

    Other (please specify) \_\_\_\_\_

Custody Arrangements (if applicable): \_\_\_\_\_

Details of siblings at this school or intending to enrol:

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARENT / CAREGIVER DETAILS

**Caregiver 1 (First contact)**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Caregiver 2 (Second contact)**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT 1

*If a parent or caregiver cannot be contacted – please list the name and phone number of a family member or friend close by.*

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## EMERGENCY CONTACT 2

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## HEALTH

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medication \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Medical Centre \_\_\_\_\_

Telephone \_\_\_\_\_

Further information \_\_\_\_\_

## EARLY CHILDHOOD EDUCATION

*Please tick one:*

- Kindergarten, Playcentre, Education & Care or Home Based Service
- Kohanga Reo
- Pacific Islands Group or Playgroup
- ECE Group, type unknown, including overseas
- Did not attend any type of ECE Centre / Service

## OTHER (Please circle)

Immunisation Certificate Yes / No

B4 School Check Yes / No

Do you want to share any information Yes / No

Whakatipuranga (Bilingual Unit) Yes / No

I will notify the Board of Trustees if my child moves out of the school enrolment area.

## DECLARATION

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 regarding my child. All information relating to this child can be used for school purposes and for the PTA or BOT.

I agree for my child's work or photos to be published in school publications and on the school website.

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.

I confirm that the information I have given in completing this form is true and correct.

I will notify the Board of Trustees via the school office if I change address or contact information and complete any necessary documentation.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

## BUSES

If you wish your child to use the School Bus, you must contact the Office and make arrangements through them **BEFORE your child will be allowed to use the bus.**