

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:				

PUPIL DETAILS

Surname _____

First Name/s _____

Preferred Name _____

Gender Male / Female

Date of Birth ____ / ____ / ____ Age _____

Attach copy of: Birth Certificate

Passport

Immigration Documents (if applicable)

Proof of Residence in Enrolment Zone

Date Due to Start ____ / ____ / ____

Current Year _____

School Transferring From _____

Address _____

Home Phone No _____

Country of: Birth _____ Citizenship _____

Home Language/s _____

Date of entry to New Zealand _____

New Zealand Resident: Y / N

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 _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Occupation _____

Workplace _____

Email _____

Caregiver 2 (Second contact)

Surname _____

First Name _____

Relationship to Child _____

Address _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Occupation _____

Workplace _____

Email _____

EMERGENCY CONTACT

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 _____

Address _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

OTHER CONTACT

Mr / Mrs / Miss / Ms

Surname _____

First Name _____

Relationship to Child _____

Address _____

Postal Code _____

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 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.**