

PUPIL		BOY / GIRL	BIRTHDATE: / /	CURRENT CLASS/YEAR LEVEL:
FAMILY NAME:		PREVIOUS SCHOOL/CENTRE (& ADDRESS):		
FIRST NAMES:		ETHNIC GROUPS CHILD RELATES TO:		
ELDEST CHILD AT THIS SCHOOL:		PLACE IN FAMILY: OF		
ADDRESS:		IWI/HAPU:		
PHONE:	MOBILE:	RURAL EMERGENCY No:		
FAX:	EMAIL:	HOME LANGUAGE:		
RESIDENCY/CITIZENSHIP? (if no enter details)	DATE NZ ENTRY: / /	COUNTRY OF BIRTH:		IN ZONE / OUT OF ZONE / N/A
				RELIGIOUS EDUCATION: YES / NO

PARENT/CAREGIVER				OCCUPATION:	SHIFT HOURS:
TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:	PHONE: Home:	Work:
RESIDENTIAL ADDRESS: (if different from pupil)				Mob:	
TITLE:	FAMILY NAME:	FIRST NAME:	RELATIONSHIP TO CHILD:	OCCUPATION:	SHIFT HOURS:
RESIDENTIAL ADDRESS: (if different from pupil)				PHONE: Home:	Work:
EMERGENCY CONTACT NAMES:				CONTACT PHONE: Mob:	
1st				CONTACT PHONE: Mob:	
2nd				DENTAL CLINIC:	
DOCTOR:		PHONE:			
NAME/S OF LEGAL GUARDIAN/S:					

CUSTODY/ACCESS ARRANGEMENTS <i>(attach separate sheet if more space required)</i>		EARLY CHILDHOOD EDUCATION Centre attended before starting school:	
		<input type="checkbox"/> Kindergarten, Playcentre, Education & Care or Home Based Service <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Pacific Islands EC Group or Playgroup <input type="checkbox"/> ECE Group, type unknown, including Overseas <input type="checkbox"/> Did not attend any type of ECE Centre/Service <input type="checkbox"/> Unable to establish if ECE attended or not	
EXTRA COPY OF SCHOOL REPORT TO:			
COURT ORDER ISSUED? YES / NO / N/A			

HEALTH <i>(attach separate sheet if more space required)</i>		IMMUNISATION CERTIFICATE	
ALLERGIES:	SIGHT:	SIGHTED: YES NO REQUESTED	
MEDICATION:	SPEECH:	COMPLETED: YES NO	
HEARING:	SERIOUS PROBLEMS:		

OTHER DETAILS			
LEARNING & BEHAVIOUR NEEDS:			
SPECIAL NEEDS (BACKGROUND / FUNDING): eg ESOL, ORRS.			
OTHER INFORMATION / REQUESTS:			
NAMES OF MEMBERS OF FAMILY LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE		1.	BIRTHDATE: / /
		2.	BIRTHDATE: / /

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 on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate educational and health authorities, within the limitations of the privacy act. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

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.

DATE: / /

SIGNATURE OF PARENT / CAREGIVER: ▶

ADDITIONAL INFORMATION		BIRTHDATE VERIFIED:	ADMISSION NUMBER:
RECORDS REQUESTED: / /	No. OF PREVIOUS SCHOOLS / ENROLMENTS:	SCHOOL INFORMATION PACK ISSUED:	BUS PUPIL:
RECORDS RECEIVED: / /		HEALTH CARD ISSUED:	SCHOOL STAMP / DATE OF ENTRY:
		NEW CLASS:	
		ROOM NUMBER:	
		TEACHER:	

