

Pauatahanui School Enrolment Form

1. Student Details

Legal/ First Name:		Preferred First Name:	
Legal/ Surname:		Preferred Surname:	
Telephone No:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: / /	
Address:			
Email Address:			
Current Class/Year:	Ethnicity <i>up to 3</i> :		
Home Language:	Iwi <i>up to 3</i> :		

2. Parent/Caregiver Details

Title:	Surname:	First Name:
Residential Address:		
Home Telephone:	Work Telephone:	
Mobile Phone:	Occupation:	

3. Parent/Caregiver Details

Title:	Surname:	First Name:
Residential Address:		
Home Telephone:	Work Telephone:	
Mobile Phone:	Occupation:	

4. Custody Arrangements *(if applicable)*

Custody/Access Arrangements:
Court Order Issued: <input type="checkbox"/> Yes – attach documentation <input type="checkbox"/> No
Legal Guardian(s):

5. Emergency Contact Details

Name:	Telephone:	Relationship:
Name:	Telephone:	Relationship:
Permission to uplift in event of Natural Disaster: (preferably resides near school)		
Name:	Telephone:	Relationship:
Address:		

6. Family Details

Please record details of siblings who are likely to be attending Pauatahanui School in future:	
Name:	Date of Birth:
1.	
2.	
3.	

7. Health Details

Doctor:	Medical Centre:	Telephone Number:
Allergies:	Medication	
Health Concerns:		
Speech:	Vision:	Hearing:
Social Concerns:		
Other Relevant Information About My Child:		

8. Previous school attended

School:	Period attended:
School:	Period attended:

9. Early Childhood Education service(s) in 6 months prior to starting school

Please complete the table below for the last service(s) attended.

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service	Service	Service
	1 (hrs/week)	2 (hrs/week)	3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
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"/>

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

10. Privacy Act and Authorisation

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 information when my child transfers to another school. 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 the School Policies and the School Behaviour Management Plan. A copy of this is available on request.

Enrolment Data is retained for historical purposes.

Please tick if you DO NOT want your child's information retained

Signature of Parent/Caregiver

Date

Parent Checklist

- Section 1-8 completed
- Birth Certificate or Passport Attached
- Immunisation Certificate Attached
- Address Verification Attached
(eg Electricity or Telephone Account)
- Enrolment Form Signed

Office Use

- ENROL # _____
- Entry Date: _____
- SMS