	Legal surname:					Legal first name/s:			
PUPIL	Preferred surname:  Eldest child at this school:  Place in family: of					Preferred first name:  Boy/Girl DoB: / / Current class/year level:			
	Eldest child at this school: Place in family: of Address:					Boy/Girl DoB: / / Current class/year level:  Previous school/centre:			
						Address:			
	Phone: Mobile:				Ethnicity: lwi/Hapu:				
	Email:			1	1. 1.				
	Rural Emergency No: Home language:					2.			
	Residency/Citizenship? Yes / No If No, enter details below Date NZ entry: Country of birth:					3. 3.			
	Title: Legal surname:				Zone: In / Out / NA Religious education: Yes / No				
			Cour	try of hir		irst name Vorkplace			Relationship to pupil: Occ:
R/S	If different from pupil.		Coun			h Hm:	5/11/5.	Ph Wk:	Mob:
GIVE	Title: Legal surname:					irst name	9:		Relationship to pupil:
ARE	Residential address: Cou		Coun	The same of the sa		Vorkplace	e/Hrs:		Occ:
PARENT/S CAREGIVER/S	If different from pupil.					h Hm:		Ph Wk:	Mob:
REN				elationship to pupil: elationship to pupil:				Ph Hm: Ph Hm:	Mob: Mob:
PA			Ph:			ental clir	ental clinic:		
	Name/s of legal guardian/s:								
	Was ECE  Yes, for the last year/s.							Court order issued?	Yes / No / NA
	regularly    Not regularly, only occasionally or with no on-			on-goir	ng sched			Attach further info as required.	
	attended?   No, did not attend ECE.								
	Did your child attend an ECE service in the six months pr		ths prior	to starting scho			CUSTODY ACCESS		
NO.	Please enter the number of hours per week for up to three services (a - f) or tick the appropriate box (g - j).			1 2 (hrs/wk) (hrs/wk)		ECE 3 (hrs/wk)	CUS		
ncA.	a) Kōhanga Reo	(0 1)		(IIIS/WK)	(III5/WA)	(IIIS/WK)		Extra copy of schoo	I report to:
Ξ	b) Playcentre							Address:	Troport to.
00	c) Kindergarten <i>or</i> Education and Care Centre							<u> </u>	
	d) Home based service							PU	JPIL ENROLMENT FORM
EARLY CHILDHOOD EDUCATION	e) Playgroup							February 2013	
	f) Correspondence School - Te Aho o Te Kura Pounamu								Not to be photocopied
	g) Attended, but only outside New Zealand					Order from NZPF			Order from NZPE
	h) Attended, but don't know what type of service			Only place a t in the box/es a appropriate if above is left b		at left as PRINCIPALS' FEDERATION Fx 04 471 2339 or			
	i ) Did not attend								
	j) Unable to establish if attended or not					ланк		© NEW	/ ZEALAND PRINCIPALS' FEDERATION
	Has your child had a B4 School Check? Yes / No Immunisation Cert			Cert	Learning/Behaviour Needs:				
		eck? Yes / No							
or.	B <sub>4</sub> SC health?	eck? Yes / No	Sighted	d: Ye	s/No				
YOUR	B <sub>4</sub> SC health? B <sub>4</sub> SC developmental?	eck? Yes / No	Sighted Reques	d: Ye sted	es / No				
H EHAVIOUR	B <sub>4</sub> SC health? B <sub>4</sub> SC developmental? B <sub>4</sub> SC behavioural?	eck? Yes/No	Sighted Reques	d: Ye	es / No	Special	ist Ne	eds/Resourcing/Agen	cies:
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