


PUPIL	Legal surname:	Legal first name/s:
	Preferred surname:	Preferred first name:
	Eldest child at this school: _____ Place in family: _____ of _____	Boy/Girl DoB: ____ / ____ / ____ Current class/year level: _____
	Address: _____	Previous school/centre: _____
	Phone: _____ Mobile: _____	Ethnicity: _____ Iwi/Hapu: _____
	Email: _____	1. _____ 1. _____
	Rural Emergency No: _____ Home language: _____	2. _____ 2. _____
	Residency/Citizenship? Yes / No _____ If No, enter details below.	3. _____ 3. _____
	Date NZ entry: _____ Country of birth: _____	Zone: In / Out / NA _____ Religious education: Yes / No _____

PARENT'S CAREGIVERS	Title: _____ Legal surname: _____	First name: _____ Relationship to pupil: _____
	Residential address: _____ Country of birth: _____	Workplace/Hrs: _____ Occ: _____
	If different from pupil	Ph Hm: _____ Ph Wk: _____ Mob: _____
	Title: _____ Legal surname: _____	First name: _____ Relationship to pupil: _____
	Residential address: _____ Country of birth: _____	Workplace/Hrs: _____ Occ: _____
	If different from pupil	Ph Hm: _____ Ph Wk: _____ Mob: _____
	Emergency contact name 1: _____ Relationship to pupil: _____	Ph Hm: _____ Mob: _____
	Emergency contact name 2: _____ Relationship to pupil: _____	Ph Hm: _____ Mob: _____
	Doctor: _____ Ph: _____	Dental clinic: _____
Name/s of legal guardian/s: _____		

EARLY CHILDHOOD EDUCATION	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last ____ year/s. <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule. <input type="checkbox"/> No, did not attend ECE.	CUSTODY ACCESS	Court order issued? Yes / No / NA
	Did your child attend an ECE service in the six months prior to starting school?		Attach further info as required.
	Please enter the number of hours per week for up to three services (a - f) or tick the appropriate box (g - j).		
	a) Kōhanga Reo		
	b) Playcentre		
	c) Kindergarten or Education and Care Centre		
	d) Home based service		
	e) Playgroup		
	f) Correspondence School - Te Aho o Te Kura Pounamu		
	g) Attended, but only outside New Zealand		
h) Attended, but don't know what type of service			
i) Did not attend			
j) Unable to establish if attended or not			
Extra copy of school report to: _____			
Address: _____			
 NEW ZEALAND PRINCIPALS' FEDERATION Ngā Tumūaki O Aotearoa			
PUPIL ENROLMENT FORM February 2013 Not to be photocopied Order from NZPF Fx 04 471 2339 or natoff@nzpf.ac.nz © NEW ZEALAND PRINCIPALS' FEDERATION			

HEALTH LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No _____	Immunisation Cert _____	Learning/Behaviour Needs: _____
	B4SC health? _____	Sighted: Yes / No _____	
	B4SC developmental? _____	Requested... _____	
	B4SC behavioural? _____	Completed: Yes / No _____	
	Vision: _____		Specialist Needs/Resourcing/Agencies: _____
	Hearing: _____		
	I consent to my child's vision and hearing being tested. Yes / No _____		
	Allergies: _____		
	Medication: _____		Other information/requests: _____
	Speech: _____		
Serious problems: _____		Attach further information as required.	

PRIVACY APPROVAL	Privacy statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.	Parent approvals: I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school. Parent/Caregiver signature: _____ Date: ____ / ____ / ____

OTHER	Members of your family likely to be attending this school in the future.	Additional information: _____
	1. _____ Birth date: ____ / ____ / ____	
	2. _____ Birth date: ____ / ____ / ____	
	3. _____ Birth date: ____ / ____ / ____	

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number _____ or <input type="checkbox"/> Passport/number _____	School admission no: _____
	Records/information requested: ____ / ____ / ____ Records/information received: ____ / ____ / ____	Bus route: _____
	Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Behavioural <input type="checkbox"/> Custodial <input type="checkbox"/> Health <input type="checkbox"/> Personal <input type="checkbox"/>	NSN: _____ No previous schools/enrolments: _____ Year level: _____
		Data entered: ____ / ____ / ____ Teacher: _____ Room: _____
	Other: _____ Issued... Health card <input type="checkbox"/> School info/pack <input type="checkbox"/>	School stamp: _____
	Additional information: _____	