

OTAMARAKAU SCHOOL - Enrolment Form



Student Information	
Legal family name:	Passport / Birth Cert Number:
Legal first name:	Ethnic Group:
Preferred name:	Iwi:
Address:	NZ Citizen/NZ Resident:
	Country of Birth:
Post Code:	Date of Entry to NZ:
Phone:	Language spoken at home:
Date of Birth: Male/Female	Student Visa Expiry Date:
Date first started school:	Custody Issues:
Parent / Caregiver Details:	
Relationship to child:	Relationship to child:
Title:	Title
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Home Phone:	Home phone:
Mobile Phone:	Mobile phone:
Work Phone:	Work phone:
Email:	Email:
Country of birth:	Country of birth:
Emergency contacts (Other than Parents/aregivers)	
Relationship to child:	Relationship to child:
Title:	Title:
Surname:	Surname:
First Name:	First Name:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Early Childhood Participation	
Has your child attended Early childhood Education?	Yes for the last years / No
Did they attend only occasionally on a casual basis? Yes / No	
In the last 6 months did your child attend any of the following on a regular basis (Please tick)	Playgroup
Kohanga Reo	Correspondence School
Playcentre	Attended, but only outside New Zealand
Kindergarten or Education and Care Centre	Attended, but don't know what type
Home Based service	Did not attend
Playgroup	

Early Childhood Participation			
Has your child attended Early childhood Education?	Yes for the last years / No		
Did they attend only occasionally on a casual basis? Yes / No			
In the last 6 months did your child attend any of the following on a regular basis (Please tick)			
	<i>Name of Pre-School</i>	<i>Hours attended per week</i>	
Kohanga Reo <input type="checkbox"/>			
Playcentre <input type="checkbox"/>			
Kindergarten or Education and Care Centre <input type="checkbox"/>			
Home Based service <input type="checkbox"/>			
Playgroup <input type="checkbox"/>			
Correspondence School <input type="checkbox"/>			
Attended, but only outside New Zealand <input type="checkbox"/>			
Attended, but don't know what type <input type="checkbox"/>			
Did not attend <input type="checkbox"/>			
Medical Information			
Family Doctor:	Phone number:		
Medical Practice:			
Immunised to 5 years	Yes / No		
Does your child suffer from any of the following:			
Asthma <input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	
ADHD / ADD <input type="checkbox"/>	Past head injury	<input type="checkbox"/>	
Bee Stings <input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	
Diabetes <input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	
Epilepsy <input type="checkbox"/>	Impaired vision	<input type="checkbox"/>	
Food allergies <input type="checkbox"/>	Other Medical condition	<input type="checkbox"/>	

Declaration

- I/we agree to abide by all the Board of Trustees Policies.
- I agree to support the School Code of Conduct and Discipline Procedures.
- I give permission for the Principal to act on our behalf in any medical emergency.
- I give permission for images of my child to be used in T.V, print media and the Otamarakau School Website.
- I give permission for my child to use the internet and e-mail under supervision as per school procedures.
- To the best of my knowledge the information I have provided is correct and may be used for school based activities and passed on to agencies who work within the school.
- I agree for my child's records to be passed on to subsequent schools if requested.

All information in these forms is confidential under the guidelines of the School's Privacy Policy. Information access is restricted to Senior Management and Health Officials.

Signature of Parent / Caregiver _____ Date _____

SCHOOL USE ONLY:	NSN:	Date Started School in NZ:
Year:	Enrol No:	House:
Teacher / Room:	Date of Entry:	