



ENROLMENT FORM

When enrolling your child/ren at school please provide:

1. An official document (full New Zealand birth certificate, passport, residency permit or parent's work permit) to verify their name, date of birth, gender and eligibility for enrolment.
2. We also require your child's immunisation details which you will find in your child's *Wellchild* or *Plunket Book* or obtained from your family doctor.
3. Proof of parents/caregivers 'In-zone' address i.e. recent utility bill, tenancy agreement.

Student Information

| | | |
|--|--|---------------|
| Student family name | | |
| First names | | |
| Preferred name | | |
| Male or female | | |
| Class level | | |
| Date of birth | | |
| Birth Cert./Passport Num. | | |
| Home address | | |
| | | |
| Phone numbers | | |
| Brothers/sisters enrolled at Kahurangi School | | |
| Younger brothers/sisters likely to attend Kahurangi School | | Date of Birth |
| | | Date of Birth |
| | | Date of Birth |
| Name of the last school attended | | |
| Name of kindergarten/ preschool your child attends | | |

1st contact

| | | |
|-------------------------|---|---------------------------------|
| Name | | |
| Address | | |
| Relationship to student | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Other (please specify) | |
| Home phone number | | |
| Work phone | | |
| Cell phone | | |
| Email | | |
| Occupation | | |

2nd contact

| | | |
|-------------------------|---|---------------------------------|
| Name | | |
| Address | | |
| Relationship to student | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Other (please specify) | |
| Work phone | | |
| Cell phone | | |
| Email | | |
| Occupation | | |

Ethnicity

| | | | |
|--|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> NZ Māori | <input type="checkbox"/> Samoan | <input type="checkbox"/> NZ European | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Cook Island | <input type="checkbox"/> European | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Tongan | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Other |
| Iwi Affiliations | | | |
| Country of birth | | | |
| Country of birth of mother | | | |
| Country of birth of father | | | |
| Home language | | | |
| NZ citizen | Yes / No | | |
| If answered "No" for NZ Citizen please provide documentation of residency / visa status. | | | |
| <input type="checkbox"/> Refugee? | Date of entry into New Zealand _____ | | |
| <input type="checkbox"/> Migrant? | Date of entry into New Zealand _____ | | |

Early Childhood Education (ECE) attendance details (New Entrants)

Please indicate type, and hours attended per week below.

| | | |
|---|---|---|
| <input type="checkbox"/> Kōhanga Reo | <input type="checkbox"/> Playcentre | <input type="checkbox"/> Kindergarten or Preschool |
| <input type="checkbox"/> Home Based | <input type="checkbox"/> Playgroup | <input type="checkbox"/> The Correspondence School - Te Aho o Te Kura Pounamu |
| <input type="checkbox"/> Attended in another country | <input type="checkbox"/> Did not attend | <input type="checkbox"/> Attended but unsure type |
| <input type="checkbox"/> Unable to establish | | |
| How many hours per week did your child attend this service? | | |
| Did your child regularly attend ECE? <i>Please indicate timeframe for <u>booked</u> sessions attended.</i> | | |
| <input type="checkbox"/> For the past 6 months | <input type="checkbox"/> For the past 12 months | <input type="checkbox"/> For the past 2 years |
| <input type="checkbox"/> For the past 3 years | <input type="checkbox"/> For the past 4 years | <input type="checkbox"/> For the past 5 years or more |
| Not regularly | | |

Health and medical issues

| | | |
|---|------------------------------|-----------------------------|
| Does your child have any health problems, disabilities or illnesses that school should be aware of? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If answering 'yes' please give details | | |
| Permission to be given <i>panadol</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In case of emergency please give doctor's name | | |
| Doctor's surgery name | | |
| Phone | | |

Care and access arrangements

| | | |
|---|------------------------------|-----------------------------|
| Are there care or access arrangements in place for your child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If answering 'yes' please give details and attach court documents | | |

Civil defence emergency

In the event of a civil defence emergency my child can be collected by one of the people listed below.

| | |
|-------------------------|--|
| Name | |
| Address | |
| | |
| Relationship to student | |
| Home phone | |
| Work phone | |
| Cell phone | |

| | |
|-------------------------|--|
| Name | |
| Address | |
| | |
| Relationship to student | |
| Home phone | |
| Work phone | |
| Cell phone | |

Parent/guardian to complete and sign

| | |
|-----------|--|
| Name | |
| Signature | |
| Date | |