



# 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		

## 1<sup>st</sup> 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			Can we share your email address with <i>Kahurangi Friends</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation			

## 2<sup>nd</sup> 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			Can we share your email address with <i>Kahurangi Friends</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>
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	