



Enrolment Form

When enrolling your child/ren at school please provide:

1. An official document (full New Zealand birth certificate, passport, residency permit, student visa or parent's work permit) to verify name, date of birth, gender and eligibility for enrolment.
2. 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, letter from a government department

Student Information

First name			
Surname			
Preferred name			
Gender			
Date of birth			
Class year level (if enrolling from another school)			
Birth Certificate or Passport Number			
Home address			
Younger brothers/sisters likely to attend Kahurangi School		Date of birth	
		Date of birth	
		Date of birth	
Name of previous school/s			
Name of kindergarten/ preschool your child attends			

Parent/Caregiver's Name

Name	
Address	
Relationship to student	
Home phone number	
Work phone	
Cell phone	
Email We will send school newsletters and urgent communication via email.	
Can we share your email with Kahurangi Friends?	Yes No
Occupaton	

Parent/Caregiver's Name

Name	
Address	
Relationship to student	
Home phone number	
Work phone	
Cell phone	
Email We will send school newsletters and urgent communication via email.	
Can we share your email with Kahurangi Friends?	Yes No
Occupaton	

Care and Access Arrangements

Are there any care and access arrangements	Yes No
If answering 'yes' please attach court documents.	

Ethnicity Please circle

Māori	Tokelaouan	Fijian	Niuean
Tongan	Cook Island Maori	Samoan	Other Pacific Peoples
Filipino	Cambodian	Vietnames	Other South East Asian
Indian	Chines	Sri Lankan	Japanese
Korean	Other Asian	Middle Eastern	Latin American
African	New Zealand European Pākehā	Australian	British or Irish
German	Dutch	Greek	Polish
South Slav	Italian	Other European	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.	Refugee?	Yes No	Date of Entry into New Zealand?
	Migrant?	Yes No	Date of Entry into New Zealand?

Health and Medical Issues

Does your child have any health problems, disabilities or illnesses that school should be aware of?	
If answering 'yes' please give details	
Doctor's surgery name	
Phone	

Early Childhood Education (ECE) Attendance details

Please indicate type, and hours attended per week below. (Please circle)

Kōhanga Reo	Playcentre	Kindergarten	Preschool
Home Based	Playgroup	Correspondence School	Attended but unsure
Attended in another country	Did not attend	Unable to establish	

How many hours per week did your child attend this service?	
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Did your child regularly attend ECE? Please indicate timeframe for booked sessions attended.

For the past 6 months	For the past 12 months	For the past 2 years	For the past 3 years
For the past 4 years	For the past 5 years or more	Not regularly	

Civil Defence Emergency

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

Name	
Relationship to student	
Address	
Home phone	
Cell phone	
Work phone	

Name	
Relationship to student	
Address	
Home phone	
Cell phone	
Work phone	

Privacy & Policy

Permissions

I give permission for my child's image to be used where appropriate. Eg. newsletter, school website, classroom displays etc.	Yes	No
I give permission for the school staff to administer general first aid. Staff are not permitted to give any medication without a separate signed consent form.	Yes	No
I give permission for my email to be used for newsletters, notifications, fundraising, initiatives and emergencies such as evacuations and lockdowns etc.	Yes	No

Privacy Statement

The information collected will be used by the school for enrollment 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 Declaration

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. All information that I have provided is true and correct.

Signature

By signing this below, I confirm that the information given in this form is true, complete and accurate.

Name	
Signature	
Date	