

**Botany Downs School Enrolment Form**

<b>PUPIL</b> Family Name:		BOY/ GIRL	Birth- date: / /	Current Class/ Year Level:
First Names:		Previous School/Centre (& Address)		
Eldest child at this school:	Place in Family: of			
Address:		Ethnic Groups Child Relates To:		
Phone:	Mobile:			
Fax:	Email:	Iwi/Hapu:	In Zone/Out of Zone/ N/A	
Home Language:		Date NZ Entry:	Country of Birth:	
<b>PARENT/CAREGIVER:</b> Title: Family Name: First Name Relationship to Child		Occupation:		Shift Hours:
Residential Address: (if different from child)		Phone: Home:		
		Work:		
		Mobile:		
Title: Family Name: First Name Relationship to Child		Occupation:		Shift Hours
Residential Address: (if different from child)		Phone: Home:		
		Work:		
		Mobile:		
Emergency Contact Names: 1st	2nd		Contact Phone: Mob:	
		Contact Phone: Mob:		
Doctor: Phone		Dental Clinic		
Names of Legal Guardian/s:				
<b>CUSTODY/ACCESS ARRANGEMENTS:</b>		<b>EARLY CHILDHOOD EDUCATION</b> Centre attended before starting school: (please underline)		
Extra Copy of School Report to:		<ul style="list-style-type: none"> <li>• Kindergarten, Playcentre, Education &amp; Care or Home Based Service</li> <li>• Kohanga Reo</li> <li>• Pacific Islands EC Group or Playgroup</li> <li>• ECE Group, Type unknown, including Overseas</li> <li>• Did not attend any type of ECE Centre/Service</li> <li>• Unable to establish if ECE attended or not</li> </ul>		
Court Order Issued? Yes/No/ N/A				
HEALTH: (Please give office separate sheet if more space required)		Sight:		IMMUNISATION CERTIFICATE Must be brought into school. Sighted: Yes/No/ Requested
Allergies:				
Medication:		Speech:		Completed: Yes / No
Hearing:		Serious Problems:		

**OTHER DETAILS**

Learning &amp; Behaviour needs:

Special Needs (Background/Funding) eg ESOL, ORRS

Other Information/Requests:

Names of Members of Family likely to be attending this School in the Future:

1. Birthdate: / /

2. Birthdate: / /

*In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate education and health authorities, within the limitations of the privacy act. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.*

*I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.*

Date: / /

\_\_\_\_\_  
*Signature of Parent/Caregiver*

To be signed at the school office after acceptance of enrolment is sent.

ADDITIONAL INFORMATION (school use only) Records requested: / / Records received: / /	No. of previous schools/enrolments:	Birthdate verified:	Admission Number
	School Information Pack Issued:	Health Card Issued:	Bus Pupil:
Teacher:	New Class:	School Stamp/Date of Entry:	
	Room:		