

Botany Downs School Enrolment Form

PUPIL 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:		Was ECE regularly attended <input type="checkbox"/> Yes for last __ years <input type="checkbox"/> Not regularly <input type="checkbox"/> No, did not attend ECE		
Phone:	Mobile:			
Fax:	Email:	Iwi/Hapu:	In Zone/Out of Zone/ N/A	
Home Language:	Ethnic Groups Child Relates To:	Date NZ Entry:	Country of Birth:	
PARENT/CAREGIVER: 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:				
CUSTODY/ACCESS ARRANGEMENTS:		Did your child attend an ECE service in the six months prior to starting school? Circle 3 services only: Please enter the number of hours per week for up to three services: Kohanga Reo, Playcentre, Kindergarten or Education care centre, play-group, Home based service, Correspondence School Te Aho o Te Kurara Pounamu <u>ECE 1 (hrs/wk)</u> <u>ECE 2 (hrs/wk)</u> <u>ECE 3 (hrs/wk)</u> Attended, only outside New Zealand <input type="checkbox"/> Attended, but don't know what type of service <input type="checkbox"/> Did not attend <input type="checkbox"/> Unable to establish if attended or not <input type="checkbox"/>		
Extra Copy of School Report to:				
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 & Behaviour needs:

Special Needs (Background/Funding) eg ESOL, ORRS

Other Information/Requests:

Bible: YES/NO

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:	Bus Pupil:	
	Health Card Issued:	School Stamp/Date of Entry:	
	New Class:		
Teacher:	Room:		