

# PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen. Copy 1: Office Copy 2: Dental Therapist Copy 3: Teacher

PUPIL	Legal surname:	Legal first name/s:	
	Preferred surname:	Preferred first name:	
	Place in family: of Boy / Girl DoB: / /	Current class/year level:	Eldest child at this school:
	Home Address:	Zone: In / Out / NA	
	Previous school/centre:	Address:	
	Phone: Mobile:	Email:	
	Rural Emergency No:	Home language:	
	Ethnicity 1: 2: 3: lwi/Hapu 1: 2:	Country of birth:	

PARENTS/CAREGIVERS	Title: Legal surname: First name/s: Relationship to pupil:
	Home address: (if different to pupil) Country of birth:
	Workplace/Hrs: Occ: Ph Hm: Ph Wk: Mob:
	Title: Legal surname: First name/s: Relationship to pupil:
	Home address (if different to pupil) Country of birth:
	Workplace/Hrs: Occ: Ph Hm: Ph Wk: Mob:
	Emergency contact name 1: Relationship to pupil: Ph Hm: Mob:
	Emergency contact name 2: Relationship to pupil: Ph Hm: Mob:
Doctor: Ph: Dental clinic:	
Name of legal guardian/s:	

Was ECE regularly attended?  Yes, for the last year/s **OR**  Not regularly, only occasionally or with no on-going schedule **OR**  No, did not attend ECE

Did your child attend an ECE service in the six months prior to starting school?

	ECE 1	ECE 2	ECE 3	
	(hrs/wk)	(hrs/wk)	(hrs/wk)	
a) Kōhanga Reo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Only tick following boxes if ECE hours section to the left is not completed.</b> g) Attended, but only outside New Zealand <input type="checkbox"/> h) Attended, but don't know what type of service <input type="checkbox"/> i) Did not attend <input type="checkbox"/> j) Unable to establish if attended or not <input type="checkbox"/>
b) Playcentre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Kindergarten or Education and Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CUSTODY ACCESS	Court order issued? Yes / No / NA	Address:
	(attach further information as required)	
Extra copy of school report to:		

HEALTH, LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No	B4SC health?
	B4SC developmental?	B4SC behavioural?
	Immunisation Cert Sighted? Yes / No Requested?	Completed: Yes / No
	Vision:	Hearing:
	I consent to my child's vision and hearing being tested. Yes / No	Medication:
	Allergies:	Serious problems:
	Speech:	
	Learning/Behaviour Needs:	
Special Needs/Resourcing/Agencies:		
Other information/requests (attach further information as required):		

## DECLARATION

I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: \_\_\_\_\_ Date: / /

OTHER	Members of your family likely to attend this school in the future.	1. Birth date: / /
	2. Birth date: / /	3. Birth date: / /
	Additional information:	

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number	School admission to:	
	Records/information requested: / /	Records/information received: / /	Bus route:
	<input type="checkbox"/> Academic NSN:	No previous schools/enrolments:	Year level:
	<input type="checkbox"/> Attendance Data entered: / /	Teacher:	Room:
<input type="checkbox"/> Behavioural Other:	Issued... Health card: <input type="checkbox"/> School info/pack: <input type="checkbox"/>	Additional information:	
<input type="checkbox"/> Custodial			
<input type="checkbox"/> Health			
<input type="checkbox"/> Personal			
		School stamp: <b>Botany Downs School</b> Mirrabooka Avenue Howick Auckland, 2010	