

BOTANY DOWNS SCHOOL ENROLMENT

Address: 35 Mirrabooka Avenue, Botany Downs, Auckland 2010
 Phone: (09) 534 9848



Legal surname:	Legal first name/s:	
Preferred surname:	Preferred first name/s:	
Boy / Girl	DoB: / /	Eldest child at this school:
Home Address:	Zone: In / Out / NA	
Previous school:	Address:	
Ethnicity 1:	2:	Language spoken at home:
Iwi/Hapu 1:	2:	Refugee status: Yes / No
Country of birth:	Residency / Citizenship? Yes / No	Date of NZ entry:

PARENT / CAREGIVER		MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER _____	
SURNAME:		FIRST NAME:	
Relationship to Student:		Occupation:	
Home Phone:		Work Phone:	
Mobile Phone:		Employer:	
Email Address:		Country of Birth:	
Physical Address:			

PARENT / CAREGIVER		MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER _____	
SURNAME:		FIRST NAME:	
Relationship to Student:		Occupation:	
Home Phone:		Work Phone:	
Mobile Phone:		Employer:	
Email Address:		Country of Birth:	
Physical Address:			

EMERGENCY CONTACT DETAILS		MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER _____	
SURNAME:		FIRST NAME:	
Relationship to Student:		Home Phone:	
Mobile Phone:		Work Phone:	
Name of Doctor:		Doctor Phone:	

EARLY CHILDHOOD EDUCATION Centre Name: _____		
	Hours Attended	Did the child regularly attend Early Childhood Education?
Kohanga Reo	_____	<input type="checkbox"/> Yes for the last _____ year(s)
Playcentre	_____	<input type="checkbox"/> Not regularly, only occasionally with no on-going schedule
Kindergarten or Education & Care Centre	_____	<input type="checkbox"/> Attended but only outside NZ
Home based service	_____	<input type="checkbox"/> Attended but don't know what type of service
Playgroup	_____	<input type="checkbox"/> No, did not attend ECE
The Correspondence School	_____	

Court order issued? Yes / No	Documentation provided? YES <input type="checkbox"/>
Extra copy of school report to:	Address:

Immunisation Cert Sighted and up to date? Yes / No	
Vision:	Hearing:
I consent to my child's vision and hearing being tested: Yes / No	
Allergies:	Medical requirements:
Medication:	
Please provide any details of learning and behaviour needs if applicable:	
Please provide details of additional support from previous school/ECE (if any). eg ESOL, ORS, SLT etc:	
Is there any other information staff should know to help us support your child at BDS?	

Sibling likely to attend this school in future years			
Name: _____	DoB: / /	M / F	
Name: _____	DoB: / /	M / F	

ENROLMENT CHECKLIST	
<i>In terms of the Privacy Act, I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfers to another school, including name and address on request to a potential Intermediate School. I will do my best to ensure that my child complies with School Regulations and Policies. I understand that the school will take action on my behalf in case of sudden illness or injury.</i>	
<input type="checkbox"/> Completed Enrolment Form	
<input type="checkbox"/> If your child was born in New Zealand, please provide a copy of their Birth Certificate/Passport.	
<input type="checkbox"/> If your child was not born in New Zealand, their Passport needs to be sighted by the Office (showing visas or permits required under Immigration Act).	
Signature:	Date: / /

OFFICE USE

Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number			Enrolment No.
NSN:	Teacher:	Room:	Yr level:
Date entered: / /	Date of entry: / /		
House:	Additional information:		