



STUDENT ENROLMENT FORM

Enrol No. ____ / ____

Surname	First Name(s)	Preferred Name
Residential Address (evidence may be required)	Home Phone	Date of Birth (cert/ passport required)
	Email address (Mother)	
	Email address (Father)	
Postal Code _____ In zone / Out of Zone	Gender: Male / Female	Year level: NE 1 2 3 4 5 6
Student lives with:	Name of siblings currently at this school	Name of previous pre-school / School
Both Parents / Mother / Father / Guardian	_____	Regular hours of attendance, per week, at Early Childhood Education 6 months prior to starting school:
Other (please specify) school	Name of siblings who may attend this	

FIRST CONTACTS e.g. Mother /Father / Guardian

Full Name _____	Full Name _____
Relationship to child _____	Relationship to child _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Occupation _____	Occupation _____
Mobile phone _____	Mobile phone _____

ALTERNATIVE EMERGENCY CONTACTS e.g. relative/friend/neighbour

Full Name _____	Full Name _____
Relationship to child _____	Relationship to child _____
Daytime phone _____	Daytime phone _____
Mobile phone _____	Mobile phone _____

MEDICAL INFORMATION

CUSTODY / ACCESS RESTRICTIONS

Doctors name _____ phone _____	Note custody issues here (attach appropriate documents)
Existing Medical Conditions _____ _____ _____	
Immunisations completed and Certificate received YES / NO	

ETHNICITY

STUDENTS NEW TO NEW ZEALAND

Country of birth _____	Date of entry into NZ _____ Country of birth _____
NZ European NZ Maori	Immigration Documents / Permits _____
Iwi / Ethnicity (please specify) _____	Expiry date _____
_____	Spoken language (at home) _____

PERMISSION AND CONSENT DETAILS

I give permission for my child to attend all Education Outside the Classroom Trips (E.O.T.C.) Individual permission will be sought for overnight trips/excursions in High risk situations. YES / NO

I give permission for my child's photograph to be used for promotional purposes e.g magazine, media, web site etc YES / NO

I give permission for my child to use the school computers and internet within the constraints of the school's internet policy. My child will not bring disks to school, neither will my child use the computer without supervision. (All school computers have internet safety programmes installed) YES / NO

I give permission to seek medical attention in the event of an emergency, or being unable to contact you? YES / NO

In terms of the Privacy Act 1993 the school needs your written consent for the following matters. Please help us by showing YES or NO where indicated.

1. I agree to Birkenhead Primary School collecting information relating to my child's education progress. YES / NO
2. I agree to Birkenhead Primary School requesting records from my child's previous school. YES / NO
3. I agree to Birkenhead Primary School sending records to another school should my child leave YES / NO
4. I agree to my child's records being open to access by:
 - (a) the School Dental Nurse YES/NO
 - (b) the Public Health Nurse YES/NO
 - (c) Special Education Services staff YES/NO

PLEASE NOTE: The Dental Therapist periodically seeks names and classes to follow up on children who are not enrolled with the Dental Clinic.

Health Consent Forms completed by parents/caregivers are forwarded to the school's designated Public Health Nurse.

Records are made available for Hearing and Vision Testing taking place within the school.

Are there any special abilities/needs/issues the school should be aware of concerning your child?

Parent signature _____

Date _____

Office Use only:

Enrolment No. ____/____ Room No. ____ Year ____ Teacher _____

E-TAP _____ ENROL _____ NSN _____ Invoice _____ Date _____