



**Birkenhead**  
Primary School  
FORBEAR AND PERSEVERE

# ENROLMENT FORM

**Office Use only:** Enrolment No. \_\_\_\_ / \_\_\_\_  
 Room \_\_\_\_ Year \_\_\_\_ Teacher \_\_\_\_\_  
 E-TAP \_\_\_\_\_ ENROL \_\_\_\_\_ NSN \_\_\_\_\_  
 Invoice \_\_\_\_\_ @school \_\_\_\_\_ Start date \_\_\_\_\_

## STUDENT DETAILS

Surname	First Name(s)	Preferred Name
Residential Address (evidence is 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: Both Parents / Mother / Father / Guardian  Other (please specify)	Name of siblings currently at this school	Name of previous pre-school / School
	Name of siblings who may attend this School	Hrs/week
	1 DOB _____	
<b>ARE THERE ANY CUSTODY/ACCESS RESTRICTIONS?</b> NO / YES (If yes, please record overleaf and attach documents.)	2 DOB _____	

## FIRST CONTACTS e.g. Mother /Father / Guardian

<b>1</b> Full Name _____ Relationship to child _____ Home phone _____ Work phone _____ Occupation _____ Mobile phone _____	<b>2</b> Full Name _____ Relationship to child _____ Home phone _____ Work phone _____ Occupation _____ Mobile phone _____
--	--

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

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

## MEDICAL INFORMATION

Doctors name	Phone
Existing Medical Conditions _____ _____ _____	
Immunisations completed and Certificate received YES / NO	

## ENGLISH LANGUAGE LEARNING

--

## TYPE OF STUDENT

Domestic  International fee paying

## LANGUAGE SPOKEN AT HOME

English  Other \_\_\_\_\_

## ETHNICITY

Country of birth \_\_\_\_\_  
 NZ European \_\_\_\_\_ NZ Maori \_\_\_\_\_  
 Iwi / Ethnicity (please specify) \_\_\_\_\_  
 \_\_\_\_\_

## STUDENTS NEW TO NEW ZEALAND

Date of entry into NZ \_\_\_\_\_ Country of birth \_\_\_\_\_  
 Immigration Documents / Permits / Visas (include expiry date)  
 \_\_\_\_\_

## 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 for the school to seek medical attention in the event of an emergency,  
or being unable to contact me. 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 educational 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:  | YES / NO |
| 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?

Please record any custody issues here:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_