

ELSTHORPE SCHOOL

Student Enrolment Form

Kenderdine Road, RD2, Otane

Ph. 06 858 4228

Fax 06 858 4208

Email: office@elsthorpe.schoolzone.net.nz

STUDENT DETAILS

Last name/Family name _____

All first name/s _____

Preferred name (known by) _____

Gender _____ Date of Birth (dd/mm/yy) _____

Country of birth _____

Language spoken at home _____

Student will be eldest at this school? Yes No

If Yes, please name & give dates of births of brothers/sisters who may be attending this school in the future

Please specify how student is to get to school usually (eg bus, walk, dropped off) _____

ETHNIC GROUPS

Please choose up to three Ethnic Groups which you feel your child belongs to:

NZ European/Pakeha Pacific Islands (specify) _____

NZ Maori (see IWI Affiliation over) Asian (specify) _____

Other European _____ Other (specify) _____

CONTACT DETAILS – please nominate two caregivers and an emergency contact.

PRIMARY Caregiver: Name _____ Relationship _____

Lives with? Home Address (Physical) _____

Send Invoices? Mail Address (if different) _____

Send copy of Ph (Home): _____ Phone (Work): _____

report? Email: _____ Mobile: _____

SECONDARY Caregiver: Name _____ **Relationship** _____

- Lives with?** Home address (Physical) _____
- Send invoices?** Mail Address (if different) _____
- Send copy of report?** Ph (Home) _____ Ph (Work) _____
Email: _____ Mobile _____

EMERGENCY CONTACT: Name _____ **Relationship** _____

- Lives with?** Home address (Physical) _____
- Send invoices?** Mail Address (if different) _____
- Send copy of report?** Ph (Home) _____ Ph (Work) _____
Email: _____ Mobile _____

PREVIOUS SCHOOLING (Including Early Childhood Education)

Student is transferring from which school _____

Where he/she was in Year Level _____ Teacher _____

Please indicate what Early Childhood Centre this student attended (if just starting school this year)

Licensed Early Childhood Education Centre (Kindergartens, Playcentres, Education Care Centres) **Early Childhood Development Service (Playgroups, Pacific Island Language Groups & Licence Exempt Playcentres).**

Licensed Kohanga Reo **Unlicensed Kohanga Reo** **Did not attend ECE Centre or ECD Service.**

HEALTH RECORD – PLEASE outline any health problems or medication so that we can watch for related issues.

Name of Family Doctor _____ **Ph.** _____

Allergies _____

Medication _____

Sight/Vision _____

Speech _____

Hearing _____

Dental _____

Other Medical issues _____

OTHER INFO – please outline other info of interest (including hobbies or special abilities or custody arrangements)

Hobbies _____
Religion _____

NEW ZEALAND MAORI STUDENTS – PLEASE nominate up to 3 Iwi Affiliations

Iwi (1): _____ **Iwi (2):** _____ **Iwi (3):** _____

FOREIGN STUDENTS ONLY – PLEASE fill in the following information if the student is from overseas.

Country of birth: _____ **NZ Residency?** Yes No
Date entered NZ _____ **Language spoken at home** _____
A copy of customs entry in Passport must be presented.

PARENT/CAREGIVER Declaration

I/We acknowledge that the information above is true and correct and will be relied upon by the School.

I/We agree that our child shall abide by all School Rules and Regulations.

I/We understand the need to pay for any stationery purchases and school trips the children may go on.

I/We understand that the information on this form will be used by the School to maintain appropriate school records & effective contact with the enrolled pupil's parents/caregivers.

I/We also agree to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

I/We also agree to complete the school's Internet Safety Agreement.

Signature: _____ **Date:** _____
(Parent / Caregiver)

For Office Use Only:

Student Number: _____	Enrolled: _____	Started: _____
Immunisation: _____	Proof of age: _____	Info sent: _____
Health Card: _____	Year Level: _____	Assigned to Room: _____
Teacher: _____		