	Legal surname:				Legal first name/s:						
	Preferred surname:				Preferred first name:						
	Eldest child at this school: Place in family: of				Boy/Girl DoB: / / Current class/year level:						
	Address:				Previous school/centre:						
PUPIL					Address:						
	Phone: Mobile:				Ethnicity: Iwi/Hapu:						
	Email:				1. 1.						
	Rural Emergency No: Home language:				2.			2.			
	Residency/Citizenship? Yes / No If No, enter details below.				3. 3.						
	Date NZ entry: Country of birth:			Zone: In / Out / NA Religious education: Yes / No							
	Title: Legal surname:				First name: Relationship to pupil:						
က္	Residential address: Country of bi		rth:	Workplac	e/Hrs.		Occ:				
ÆR	If different from pupil.			Ph Hm:		Ph Wk:	Mob:				
EGIN	Title: Legal surname:							Relationship to pupil:			
AR	Residential address:	Country of birth:		rth:		Workplace/Hrs: Occ:					
PARENT/S CAREGIVER/S	If different from pupil.			Ph Hm: Ph Wk: Mob:							
EN.	Emergency contact name 1: Relationship to pur					Ph Hm:	Mob:				
PAF	Emergency contact name 2: Relationship to pup			to pup	il: Ph Hm: Mob: Dental clinic:						
	Doctor: Ph: Name/s of legal guardian/s:			Dental CII	nic:						
0 3											
	Was ECE Yes, for the last year/s.				Court order issued? Yes / No / NA						
	regularly D Not regularly, only occasionally or with no on-going scl			ng sch	hedule. Attach further info as required.						
	attended? No, did not attend ECE.					≿ o	<u></u>				
	Did your child attend an ECE service in the six months prior			ting sci		2 3					
EARLY CHILDHOOD EDUCATION	Please enter the number of hours per week for up to three services (a - f) or tick the appropriate box (g - j).		ECE 1	2	3	CUSTODY ACCESS					
			(hrs/wk)	(hrs/w	k) (hrs/wk)		pro , C I				
EDO	a) Kōhanga Reo						Extra copy of schoo	report to:			
8	b) Playcentre						Address:				
용	c) Kindergarten or Education and Care Centre						A PI	JPIL ENROLMENT FORM			
1	d) Home based service										
۲ د	e) Playgroup							February 2013			
ARI	f) Correspondence School - Te Aho o Te Kura Pounamu]		Not to be photocopied			
	g) Attended, but only outside New Zealand				Order from NZDE						
	h) Attanded had almit language at the state of the state				a tick (√) es at left as			Order from NZPF Fx 04 471 2339 or			
	i) Did not attend			appropriate if		77 - 77 - 14 0 4		natoff@nzpf.ac.nz			
	j) Unable to establish if attended or not			ove is le	ft blank.		© NEW	ZEALAND PRINCIPALS' FEDERATION			
						/D - l-	· · · · · · · · · · · · · · · · · · ·				
	Has your child had a B4 School Check? Yes / No Immunisation Cert B4SC health? Sighted: Yes / No				Learning/Behaviour Needs:						
_≃	B ₄ SC health? Sighted: Yes/I B ₄ SC developmental? Requested			CO / 18C							
VIOI	B ₄ SC behavioural? Requested Completed: Yes / N			es / No							
HEALTH LEARNING & BEHAVIOUR	Vision:			00,770	Specialist Needs/Resourcing/Agencies:						
ALT & Bi	Hearing:					- Formula () () () () () () () () () (
포S	I consent to my child's vision and hearing being tested. Yes / No										
I'RN	Allergies:										
E	Medication:				Other information/requests:						
	Speech:										
	Serious problems: Attach further information as required.							Attach further information as required.			
PRIVACY APPROVAL	Privacy statement: The information collected will be used by the school for enrolment Parent approvals: I agree that the school will take action on my behalf in case of										
	and forms an essential part of the information held by the school on your child. The records sudden illness or injury, to abide by the school's policies, that my child's work a made from this information may be viewed on request at the school. The information image may be used in accord with the school's online publishing policy/procedu.										
	collected may be disclosed to appropriate education, health and welfare authorities and for and that the school may forward my child's name and address to a potenti							ild's name and address to a potential			
> ≈	collected may be disclosed to appropriate education, health and	data-gathering purposes by the New Zealand Ministry of Education, in accordance with the				intermediate or secondary school.					
PRIV APPR	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat	tion, in ac		principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.							
PRIVACY APPROVAL	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat principles of the Privacy Act. It will not be disclosed to any other	tion, in ac er person	or agen		130401	- /					
PRIV. APPR(collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat principles of the Privacy Act. It will not be disclosed to any other such disclosure is authorised or required by law.	er person			Date:	/					
	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat principles of the Privacy Act. It will not be disclosed to any other such disclosure is authorised or required by law. Members of your family likely to be attending this sc	er person hool in t		re.		/	/ rmation:	· ·			
	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat principles of the Privacy Act. It will not be disclosed to any other such disclosure is authorised or required by law. Members of your family likely to be attending this sc. 1. Birth.	er person hool in t th date:		re.		/		·			
OTHER APPRO	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Educat principles of the Privacy Act. It will not be disclosed to any othe such disclosure is authorised or required by law. Members of your family likely to be attending this sci. Bir. Bir.	hool in the date:		re. /		/		;			
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OFFICE USE OTHER	collected may be disclosed to appropriate education, health and data-gathering purposes by the New Zealand Ministry of Education principles of the Privacy Act. It will not be disclosed to any other such disclosure is authorised or required by law. Members of your family likely to be attending this sc. 1. Bir. 2. Bir. 3. Bir. Birth date verification: Birth certificate/number Records/information requested: / / Re Academic Academic NSN: Attendance Behavioural Other: Custodial	hool in the date: the date: the date: cords/ir No	the futured the fu	or on recours sch	Addition Passeived:	port/nur / / ments:	mber Bus route: Year level: Room:	School admission no: Date of entry: / /			