

West Spreydon School Enrolment Form

Entered: / /
ENROL: / /

NSN No: _____

Class/Year: _____ Room: _____
Start Date: ____/____/____
Enrolment No: _____
Completed by: _____
House: _____

Pupil Details (One form per pupil)

Legal Name of pupil

Legal Family Name

Legal First names

Preferred name

Preferred first name

New Entrant Yes / No

Current Class/Year _____

School transferring from: _____

Custody Arrangements: _____ Court Order Issued Yes / No / NA
(Please circle one)

Names of Legal Guardians: _____

Gender M / F Date of birth ____/____/____ Immunisation Certificate
Verified Yes ____ No ____ Attach copy of: Birth Certificate Attach Copy
Passport
Immigration Documents

Country of citizenship: _____ Home language: _____

Ethnicity: 1. _____ 2. _____ 3. _____

Iwi 1: _____ Iwi 2: _____

Iwi 3: _____ Eldest at this school: Yes / No

Details of Siblings at this school or intending to enrol at this this school:

Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____

Caregiver 1 Details: Name: _____ Mr / Mrs / Miss / Ms

Relationship to child: _____

Occupation: _____ Place of Work: _____

Address: _____ Home phone: _____

Work phone: _____

Email Address: _____ Cellphone: _____

Caregiver 2 Details: Name: _____ Mr / Mrs / Miss / Ms

Relationship to child: _____

Occupation: _____ Place of Work: _____

Address: _____ Home phone: _____

Work phone: _____

Email Address: _____ Cellphone: _____

Emergency Contact Details: Name: _____ Mr / Mrs / Miss / Ms

(Relationship to child): _____

Home phone: _____

Work phone: _____

Cellphone: _____

Emergency Contact Details: Name: _____ Mr / Mrs / Miss / Ms

(Relationship to child): _____

Home phone: _____

Work phone: _____

Cellphone: _____

Health

Allergies: _____ Mild / Moderate / Severe (please circle one)

Medication: _____

Sight: _____

Speech: _____

Hearing: _____

Other: _____

Doctor's Name: _____

Medical Centre: _____

Phone: _____

Further Information: _____

Other Details (eg. special needs, behavioural, custody, etc)

Permission for Hearing testing Yes / No (Please circle one)

Permission for Vision testing Yes / No (Please circle one)

Permission for Work / images to be published Yes / No (Please circle one)

Permission for EOTC/excursions/camps. This includes
travel by bus /private car or walking Yes / No (Please circle one)

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies. I confirm that the information I have given in completing this form is true and correct.

Signature of Parent/Caregiver

Date

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School -- Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.