



ARANGA SCHOOL

STUDENT ENROLMENT FORM

Office Use:	
Date Enrolled:	
Enrolment Number:	
Year Level:	
Room:	
Teacher:	

Student Details

NSN: _____

Legal first names: _____ Legal surname: _____

Pref: first name: _____ Pref: surname: _____

Date of Birth: (dd/mm/yy) ____/____/____ Gender: Boy Girl Year Level: Birth Certificate: Yes No Birth Certificate Serial Number: _____Student Visa: Yes No Expiry Date ____/____/____Country of Birth: _____ Residency/Citizenship: Yes No *Passport sighted*
(Please circle one)

Previous School attended: _____

Prior-participation in Early Childhood Education – Did your 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. Kohanga 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	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

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 _____ years(s)
- Not regularly, only occasionally with no on-going schedule
- No, did not attend ECE

Language spoken at home: _____

Choose up to three Ethnic Groups, which you feel your child belongs to:

- | | | | | |
|----------------------|--------------------------|-----------------|--------------------------|-----------------------|
| NZ European / Pakeha | <input type="checkbox"/> | Other European | <input type="checkbox"/> | Please specify: _____ |
| NZ Maori | <input type="checkbox"/> | Pacific Islands | <input type="checkbox"/> | Please specify: _____ |
| Asian | <input type="checkbox"/> | | | Please specify: _____ |
| Other | <input type="checkbox"/> | | | Please specify: _____ |

Iwi 1: _____ (if applicable) Rohe (Iwi home area): _____

Iwi 2: _____ (if applicable) Rohe (Iwi home area): _____

Iwi 3: _____ (if applicable) Rohe (Iwi home area): _____

Contact Details

Caregiver 1: Relationship to child: _____

Title: _____ First Name: _____ Last Name: _____

Home Address: _____ Post Code: _____

Mail to (if different): _____ Post Code: _____

Phone: _____ Mobile: _____ Work Ph: _____

Occupation: _____ Email Address: _____

Contact Details

Caregiver 2: Relationship to child: _____

Title: _____ First Name: _____ Last Name: _____

Home Address: _____ Post Code: _____

Mail to (if different): _____ Post Code: _____

Phone: _____ Mobile: _____ Work Ph: _____

Occupation: _____ Email Address: _____

EMERGENCY CONTACT NO 1: (When above caregivers cannot be contacted)

Relationship to child: _____

First Name: _____ Last Name: _____

Phone: _____ Mobile: _____ Work Ph: _____

EMERGENCY CONTACT NO 2: (When Emergency Contact No. 1 cannot be contacted)

Relationship to child: _____

First Name: _____ Last Name: _____

Phone: _____ Mobile: _____

Student Health Record

Family Doctor: _____ Phone: _____

Allergies: _____ Speech: _____

Medication: _____ Hearing: _____

Sight: _____ Dental: _____

Other Concerns/Special Needs: _____

Immunisation Complete: YES NO Sighted: YES NO

Other Information

Other information from Caregivers: _____

Sensitive Information: _____

Any custody arrangement / Access restrictions: _____ Court Order: Yes No

Siblings already attending _____ Primary School:

Name: _____ Room: _____ Name: _____ Room: _____

Name: _____ Room: _____ Name: _____ Room: _____

Siblings likely to be attending _____ Primary School in the near future:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

ICT User Agreement: Yes No

Milk in Schools – Fonterra: Yes No

I/We acknowledge that the information is true and correct in every particular and can be relied upon by the school.

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

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

I/We agree to the school requesting relevant information from other schools for enrolment purposes and class placement.

I/We consent to the school displaying student work, allowing photographs of student being used outside the school environment, and publishing of student photographs and full name in the school newsletter.

I/We understand that the school will take action on my/our behalf in case of sudden illness or injury.

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

Privacy Statement

The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.