



ENROLMENT APPLICATION

CHILD'S SURNAME _____ FIRST NAMES _____

(KNOWN AS) _____

DATE OF BIRTH _____

MALE / FEMALE

HOME ADDRESS _____ PHONE _____

POSTAL ADDRESS _____

PARENTS / CAREGIVERS NAMES:

Mr / Mrs / Ms / Dr. / _____
(First and Surnames)

Mr / Mrs / Ms / Dr. / _____
(First and Surnames)

RELATIONSHIP TO CHILD IF NOT PARENTS: _____

OCCUPATION: MUM _____

DAD _____

WORK PLACE (MUM) _____ PHONE NO _____

WORK PLACE (DAD) _____ PHONE NO _____

CELL PHONE NO (MUM) _____ (DAD) _____

EMAIL:

SCHOOL TRANSFER INFORMATION: Previous school/preschool _____

ETHNIC IDENTIFICATION Required for Ministry of Education statistical and funding purposes
Please tick one or more of the following to show which group(s) your child is identified with.

Pakeha / European _____ **Maori** _____ **Samoa** _____ **Cook Island** _____ **Other Pacific Islander** _____

Other: (Please specify) _____

IWI/HAPU _____

New Zealand Citizen – (Circle) Yes No

EARLY CHILDHOOD EDUCATION –

Centre attended before starting school

- | | | | |
|--------------------------|--|-------------------------|--|
| <input type="checkbox"/> | Kindergarten, Playcentre, Education & Care or Home Based Service | Hours attended per week | |
| <input type="checkbox"/> | Kohanga Reo | | |
| <input type="checkbox"/> | Pacific Islands EC Group or Playgroup | | |
| <input type="checkbox"/> | ECE Group, type unknown including Overseas | | |
| <input type="checkbox"/> | Did not attend any type of ECE Centre/Service | | |
| <input type="checkbox"/> | Unable to establish if ECE attended or not | | |
| <input type="checkbox"/> | Have you brought your learning book/profile book to school? | | |

Did your child regularly attend Early Childhood Education?

- Yes for 6 months
 Yes for last year
 Yes for last 2 years
Yes for last 3 years
Yes for last 4 years
Yes for last 5 years or more
Not regularly, only occasionally, with no on-going schedule

P.T.O.

HEALTH NOTES: _____

(Please include any health information which may affect the way your child learns)

I consent to my child's vision and hearing being tested Yes No

DOCTOR: _____ **PHONE:** _____

FAMILY NOTES: _____

(Please include any custodial or guardianship information which you feel the school should be aware of)

NAMES AND ROOM OF ANY OLDER BROTHERS OR SISTERS ATTENDING ALLANDALE SCHOOL:

NAME _____ **ROOM** _____

NAME _____ **ROOM** _____

NAMES AND DATES OF BIRTH OF ANY PRE - SCHOOLERS IN THE FAMILY:

_____ **BIRTHDATE** _____

_____ **BIRTHDATE** _____

EMERGENCY CONTACTS : (Please nominate at least one person who you know would be prepared to come to school to collect your child should he or she become ill and we are not able to contact either you or your spouse.)

NAME: _____ **RELATIONSHIP TO PUPIL** _____

PHONE HOME: _____ **PHONE WORK:** _____ **CELL PHONE:** _____

NAME: _____ **RELATIONSHIP TO PUPIL** _____

PHONE HOME: _____ **PHONE WORK:** _____ **CELL PHONE:** _____

NAME: _____ **RELATIONSHIP TO PUPIL** _____

PHONE HOME: _____ **PHONE WORK:** _____ **CELL PHONE:** _____

PARENT HELP SYSTEM:

Please tick any of the following areas in which you would be able to help on a regular or occasional basis:

Sports coaching _____ Road Patrol supervision _____ Lunches _____ Working bees _____ School P.T.W.A. _____

Classroom help with reading _____ Classroom help with mixing paints/odd jobs etc _____ School library _____

SPECIAL LEARNING NEEDS WHICH YOU FEEL THE CLASS TEACHER SHOULD BE AWARE OF:

PUBLISHING PHOTOS – I give permission for my child's photo to be published on the school website or school newsletter -

YES **NO**

SCHOOL TRIPS - YES **NO** – written notification of intended trips will be sent home

Bible in Schools? (Year 4 / 5 / 6 children only) Yes / No

***Privacy Statement:** The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.*

***Parent Approvals:** I agree that the school will take action on my behalf in case of sudden illness or injury. I give permission for the school to publish original work produced by my child on the school's web page in accordance with the school's policy. I agree to abide by school policies. I agree that the school may forward my child's name and address to a potential intermediate or secondary school.*

SIGNATURE OF PARENT / CAREGIVER: Signed _____ **Date** _____

FOR OFFICE USE ONLY

BIRTHDATE VERIFIED: _____ **SMA NUMBER** _____ **ADMISSION NUMBER** _____

DATE OF ENTRY _____ **YEAR:** _____ **ROOM:** _____ **TEACHER:** _____