



Student Enrolment Form



A: Student Details *(please print clearly)*

Legal Surname:		Legal First Name/s:	
Preferred Surname:		Preferred First Name:	
DoB: / /		Boy/Girl (Please circle)	
Address:		Home Phone:	Mobile:
		Email:	
Previous School/Pre-School/Kindergarten:			Current Year Level:
Eldest Child at this school:		Place in the family: of	Lives with:

B: Ethnic Background

Country of Birth:		Residency/Citizenship? Yes/No	
Ethnicity:	Iwi/Hapu:	Entry Date to NZ: / /	Permit Expiry: / /
1.	1.		
2.	2.		
3.	3.	Home Language:	2 nd Home Language:

C: Early Childhood Education

Was ECE regularly attended?				
<input type="checkbox"/> Yes, for the last year/s.				
<input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule.				
<input type="checkbox"/> No, did not attend ECE				
Did your child attend an ECE service in the six months prior to starting school? YES/NO				
Please tick up to three services your child attended and the number of hours per week or tick the appropriate box.		ECE 1 Hrs/Wk	ECE 2 Hrs/Wk	ECE 3 Hrs/Wk
<input type="checkbox"/> Kōhanga Reo				
<input type="checkbox"/> Playcentre				
<input type="checkbox"/> Kindergarten or Education and Care Centre				
<input type="checkbox"/> Home based service				
<input type="checkbox"/> Playgroup				
<input type="checkbox"/> Correspondence School – Te Aho o Te Kura Pounamu				
<input type="checkbox"/> Attended, but only outside of New Zealand				
<input type="checkbox"/> Attended, but don't know what type of service				
<input type="checkbox"/> Did not attend				
<input type="checkbox"/> Unable to establish if attended or not				

Office Use Only

START DATE: / /	YEAR:	ROOM:	TEACHER:
Copy of Birth date verification: <input type="checkbox"/> Birth Certificate No. Or <input type="checkbox"/> Passport No.		<input type="checkbox"/> Copy of Medical Certificate	
Enrolment No.	NSN:	<input type="checkbox"/> Entered in School Records	Enrolled date: / /
School visits 1 st : / /	2 nd : / /	3 rd : / /	Notes:

D. Parent/s Caregiver/s Details

Relationship to Child:		Relationship to Child:	
Mr/Mrs/Ms (please circle)		Mr/Mrs/Ms (please circle)	
Surname:		Surname:	
First Name:		First Name:	
Address:		Address:	
Home PH:		Work PH:	
Mobile No:		Email:	
Occupation:		Occupation:	
Country of Birth:		Ethnicity:	
Country of Birth:		Ethnicity:	
Custody Access? YES/NO/NA			
If yes, please supply details along with documentation:			
Extra copy of school report to:			
Court order issued? YES/NO/NA			

E: Other Emergency Contact/s (e.g Grandparents, Aunt, Uncle, Friend etc)

Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home PH:		Mobile No:	
Home PH:		Mobile No:	

F: Medical Information

Doctor:		Dentist:	
Address:		Address:	
Phone:		Phone:	
Have you attached a copy of child's Immunisation Certificate? YES/NO/NA			
Has your child had a B4 School Check? YES/NO			
Does your child suffer from:			
<input type="checkbox"/> Asthma - Inhaler/Spacer to be kept in the office: YES/NO			
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Allergies:			
<input type="checkbox"/> Other Medical condition/s:			
Medication requirements:			

G: Learning & Behaviour

Is your child receiving any assistance from outside agencies i.e RTLB, GSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
Learning Behaviour Needs:
Specialist Needs/Resourcing/Agencies:
Other information/requests:
<i>Attach further information as required</i>

F: Student Absence Notification

The Ministry of Education requires notification and a reason for any absence. You can either notify the school office by:

- ❖ Phoning: (09) 274 8002 and leaving a message
- ❖ Email <mailto:office@chapeldowns.school.nz>

If we do not have notification from you we will either phone a landline, text or email. Could you please indicate below the best way to communicate with you:

Landline – preferred landline:

Text – preferred mobile number:

Email – preferred email address:

If we are unable to contact you an Absence Letter will be sent home requiring a response and explanation.

G: Other Information

Names of members of the family likely to be attending this school in the future:

1.	Birthdate: / /
2.	Birthdate: / /
3.	Birthdate: / /

H: Permission to Publish *(please circle)*

I give permission for my child's photograph to be used for the School website/blogs, newsletters or other publicity material.	YES/NO
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Signed: Date: / /