

BIRCHWOOD SCHOOL - ENROLMENT FORM

PUPIL	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:			
	Address:		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 instruction: Yes/No		
PARENT/S CAREGIVERS	Title: Legal surname:		First name:		Relationship to pupil:	
	Residential Address: <small>If different from pupil</small>		Country of birth:		Workplace/Hrs: Occ.	
			Ph Hm:		Ph Wk: Mob:	
	Title: Legal surname:		First name:		Relationship to pupil:	
	Residential Address: <small>If different from pupil</small>		Country of birth:		Workplace/Hrs: Occ.	
			Ph Hm:		Ph Wk: Mob:	
	Emergency contact name 1:		Relationship to pupil:		Ph. Hm: Mob:	
	Emergency contact name 2:		Relationship to pupil:		Ph. Hm: Mob:	
	Doctor:		Phone:		Dental Clinic:	
	Name/s of legal guardian:					
EARLY CHILDHOOD EDUCATION	Was ECE <input type="checkbox"/> Yes, for the last ____ year/s.		CUSTODY / ACCESS	Court order issued? Yes / No / NA		
	regularly <input type="checkbox"/> Not regularly, only occasionally, not on-going			Attach further info. As required.		
	attended? <input type="checkbox"/> No, did not attend ECE.					
	Did your child attend an ECE service in the six months prior to starting school? Please enter the number of hours per week for up to 3 services (a-f) or tick the appropriate box (g-j)			OTHER		
					Extra copy of report to:	
					Address:	
					Members of your family likely to attend this school in the future:	
	a) Kohanga Reo				1. Birth date: / /	
	b) Playcentre				2. Birth date: / /	
	c) Kindergarten or Education and Care Centre				3. Birth date: / /	
	d) Home based service					
	e) Playgroup					
f) Correspondence School						
g) Attended, but only outside New Zealand						
h) Attended, but don't know what type of service			Other information:			
i) Did not attend						
j) Unable to establish if attended or not						
HEALTH LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes/No		Learning/Behaviour Needs:			
	B4SC health?	Immunisation Certificate				
	B4SC developmental?	Sighted: Yes / No				
	B4SC behavioural?	Requested:				
	Vision:	Completed: Yes / No	Specialist Needs/Resourcing/Agencies:			
	Hearing:					
	Speech:					
	Allergies:					
Medication:		Other information/requests:				
I consent to my child's vision/hearing being tested: Yes/No						
Serious problems:						
Approval	Privacy Statement: The information collected will be used by the school for enrolment and forms as 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 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 authorised or required by law.			Parent approvals: I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies and procedures, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.		
				Parent/Caregiver signature: _____ Date: / /		
Office Use	Birth date verification: <input type="checkbox"/> Birth certificate #: _____ or <input type="checkbox"/> Passport #: _____		Sch. Admission #:			
	Records/Information requested: / /		Records/Information received: / /		Date of entry: / /	
	Issued: Health Card: _____ School Info/Pack: _____ CyberSafety Agreement: _____		Visits (if applicable):			
	No. previous school: _____ Year Level: _____ Teacher: _____ Room: _____					
ENROL: Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Behavioural <input type="checkbox"/> Custodial <input type="checkbox"/> Health <input type="checkbox"/> Personal <input type="checkbox"/>						