



ENROLMENT FORM 2019

Please complete all parts of this form in detail, including any special circumstances – Write N/A if not applicable

Legal Last Name:
Legal First Name(s):
Preferred Last Name:
Preferred First Name(s):
Home Phone:
Date of Birth:
Age:
Sister(s) also attending:
Tick appropriate box:
Previous School and Year Level:

Primary Caregivers (Main residence):

Name:
Relationship:
Address:
Email:
Occupation/Workplace:
Telephone (Home):
(Work):
(Mobile):
Tick to receive:
Accounts
Newsletters/Correspondence
School Reports

Name:
Relationship:
Address:
Email:
Occupation/Workplace:
Telephone (Home):
(Work):
(Mobile):

Secondary Caregivers (Secondary residence):

Name:
Relationship:
Address:
Email:
Occupation/Workplace:
Telephone (Home):
(Work):
(Mobile):
Tick to receive:
Accounts
Newsletters/Correspondence
School Reports

Name:
Relationship:
Address:
Email:
Occupation/Workplace:
Telephone (Home):
(Work):
(Mobile):

NB: If there are any Court documents pertaining to Custody, Access, Protection Orders etc, please provide copies for our records. Verbal instructions must be supported by documentation. Documents to be provided
Emergency Contact: NOT PARENTS OR CAREGIVERS – We do contact parents/caregivers before the Emergency person

Name:
Telephone (Daytime/Mobile):

Proof of identity documentation must be sighted and copied. Original Birth Certificate/Passports only

Ethnicity

NZ European
NZ Maori
Pacific Islander
Other Ethnicity (please state)

Iwi

If not born in New Zealand, how many years of schooling in New Zealand

Do you speak English at home (if not, please list other languages spoken at home)

*Please note under Specific Learning Support Needs if and ESOL Support is required (For Students for whom English IS NOT the first language)
Specific Learning Support needs:

Medical (problems/treatments/medication) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Student Legal Name _____

Privacy Policy: Information requested is essential for the school to provide appropriate programmes of learning and care for students. It will be entered on personal files which are retained by the school and therefore subject to the provisions of the Privacy Act and Schools Privacy Policy.

I give authority for school records of attainment to be passed to another school or educational institution when my daughter transfers and enrolls there.

I declare that my daughter will attend school regularly and abide by the uniform requirements, and the rules and procedures laid down by the school.

Signature of Parent/Caregiver _____ *Date:* _____

I agree to attend regularly, wear the correct uniform and uphold the school's values of Respect (Whakamana), Responsibility (Haepapa) and Relationships (Whanaungatanga).

Signature of Student: _____ *Date:* _____

Academic / Sporting / Cultural / Leadership

Past and Current Achievements:

Future Goals:

If you consider your daughter to be gifted please provide details:

Requested House: _____ Reason for Request: _____

INTERVIEWER COMMENTS:

Interviewer Signature _____ Date _____

Forms present and/or completed ✓ or x

- Subject Internet Health EOTC Music Lessons
- School Report Court Documents Birth Certificate/Passport (incl. visa) # _____