



Ellerslie School

EST 1877

"To be the best we can be."

PUPIL ENROLMENT FORM

Pupil:

Legal Surname: Legal First Name/s:

Preferred Surname: Preferred First Name:

Girl Boy DoB: Current Class/Year Level:

Home Address: Zone: In Out NA

Previous School/Centre:

Ethnicity 1: 2: 3:

Iwi/Hapu 1: 2:

Residency/Citizenship? Yes No If No, Date of NZ Entry :

Country of Birth: Home Language:

Parents/Caregivers:

Title: Legal Surname: Legal First Name/s:

Relationship to Pupil: Country of Birth:

Home Address (if different from pupil):

Workplace/Hours: Occupation:

Home Phone: Work Phone:

Mobile: Email:

Title: Legal Surname: Legal First Name/s:

Relationship to Pupil: Country of Birth:

Home Address (if different from pupil):

Workplace/Hours: Occupation:

Home Phone: Work Phone:

Mobile: Email:

Emergency Contact: (must be different from Parent/Caregiver)

Emergency Contact Name 1: Relationship to Pupil:

Ph Hm: Mob:

Emergency Contact Name 2: Relationship to Pupil:

Ph Hm: Mob:

Name of Legal Guardian/s:

Early Childhood Education:

Was ECE regularly attended? Yes for the last year/s **OR**

Not regularly, only occasionally or with no on-going schedule **OR** No, did not attend ECE

Did your child attend an ECE service in the six month prior to starting school?

Please enter the number of **hours per week** for up to three services (a-f)
or **tick the appropriate box** (g-j)

	ECE 1 (hrs/week)	ECE 2 (hrs/week)	ECE 3 (hrs/week)
a) Kōhanga Reo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Playcentre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Kindergarten or Education and Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only tick following boxes if ECE hour selection above us not completed.

- g) Attended, but only outside of New Zealand
- h) Attended, but don't know what type of service
- i) Did not attend
- j) Unable to establish if attended or not

Custody Access:

Court order issued? Yes No NA (attach further information as required)

Notes:

Health, Learning & Behaviour:

Had your child has a B4 School Check? Yes No Immunisation Cert Sighted? Yes No

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

Allergies: Medication:

Does your child have any Health, Learning or Behaviour Needs:

Declaration:

I have read and accept the privacy statement and parent declaration.

Parent/Caregiver Signature: Date:

Privacy Statement:

The information collected will be used by the school for environment 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 authorised or requested by law.

Parent Declaration:

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, 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. All information that I have provided is true and correct.

Office Use:

Birth date verification: Birth Certificate/number **OR** Passport/number

Records/information requested: Records/information received:

Bus Route: No previous schools/enrolments:

Year Level: Teacher: Room:

Issued: Health card School info/pack

Additional Information:

Enrol:

Academic: Custodial: Attendance: Health: Behavioural: Personal:

NSN: Data entered: Other:

School Admission to:

Data of entry: School Stamp: