

Whitney Street School Enrolment Form



Pupil

| | | | | |
|---|-------------------------|--|------------|-----------------------|
| Family Name Legal Surname | | Boy / Girl | Birth Date | Current Year Level |
| First Names | | Previous School Early Childhood Education | | |
| Eldest child at this school | Place in family of | Ethnicity | | |
| Iwi / Hapu 1. 2. 3 | | Language/s Spoken at Home | | |
| Residency / Citizenship? | Date of NZ Entry / / | County of Birth | | |
| We require a copy of your child's Birth Certificate or Passport or NZ Residency / Citizenship Certificate. | | | | |
| Verification document number | | | | |

Parent / Caregiver

| | |
|---|--|
| Mr/Mrs/Miss/Ms Name | Residential Address |
| Home Phone No. Work Phone No. Cellphone No. | Your Relationship to the child |
| Email | Does this child live with you Yes / No If no – with whom? |
| Copy of school report? | Shared custody arrangements |

| | |
|---|--|
| Mr/Mrs/Miss/Ms Name | Residential Address |
| Home Phone No. Work Phone No. Cellphone No. | Your relationship to the child |
| Email | Does this child live with you Yes / No If no – with whom? |
| Copy of school report? | Shared custody arrangements |

Emergency Contacts if above parent/caregiver cannot be contacted

| Name | Relationship to child | Contact phone number |
|------|-----------------------|----------------------|
| | | |
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Early Childhood Education

| | |
|--|----------------------------------|
| What type of centre did your child attend prior to school | Number of Hours Attended |
| Kindergarten, Playcentre, Education & Care or Home Based Service – please circle | _____ |
| <input type="checkbox"/> Kohanga Reo | _____ |
| <input type="checkbox"/> Pacific island 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 | _____ |
| Did your child regularly attend sessions? | If yes, for the last ____ years. |

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|--|---|
| Why choose Whitney Street School? | Location / Family / Word of Mouth / Our Teaching and Learning / Other |
|--|---|

Health – please note anything we should be aware of

| | | |
|------------------|---------|---|
| Allergies | Sight | Immunisation Certificate Completed Yes / No Sighted Yes / No |
| Medication | Speech | We require a copy of your child's immunisation certificate. Has your child had a B4 School Check Yes / No |
| Serious Problems | Hearing | I consent to my child's vision and hearing being tested Yes / No |

Learning and Behaviour – please note anything we should be aware of

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|---|
| Learning |
| Behaviour |
| Special Needs ie. ESOL, ORRS, Reading Recovery, Teacher Aide, GSE |
| Any other information |

By signing this form you give permission for

- your child to walk off site to various events at the Marlborough Library, Stadium 2000, Brayshaw, Athletic and A&P Parks, Taylor River.
- your child's work and image to be used in accord with the school's online publishing policy/procedures
- the school to take action on behalf of your child in the case of sudden illness or injury

Members of your family likely to be attending Whitney Street School in the future

| | |
|----------|---------------------------|
| 1. _____ | Date of Birth ___/___/___ |
| 2. _____ | Date of Birth ___/___/___ |
| 3. _____ | Date of Birth ___/___/___ |

Confidentiality: This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes in the NZ Ministry of Education, in accordance with the principles of the Privacy Act.

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ **Date** _____

| | | | | |
|---|--|---|---|--|
| Office Use | Room <input style="width: 40px;" type="text"/> | Year Level <input style="width: 40px;" type="text"/> | Date of Entry <input style="width: 60px;" type="text"/> | Birthday Reporting <input style="width: 40px;" type="text"/> |
| School Enrolment Number <input style="width: 60px;" type="text"/> | NSN Number <input style="width: 60px;" type="text"/> | House Group <input style="width: 40px;" type="text"/> | Phone <input style="width: 40px;" type="text"/> | |