

Student

Student's Legal first names: _____

Legal surname: _____

Student preferred first name: _____

Preferred surname: _____

Boy/Girl Birth date: _____ Current Year Level: _____

Ethnicity: (up to three): _____

Iwi student belongs to - if applicable (up to three): _____

Eldest child at this school : _____ Place in family ____ of ____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Home Language: _____ Residency/Citizenship? _____

Date of NZ Entry: _____ Country of Birth: _____

In Zone / Out of Zone / N/A Religious Education: Yes / No

Early Childhood Education

Please enter the number of hours per week for up to three services	Service 1 hrs/wk	Service 2 hrs/wk	Service 3 hrs/wk
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School			
Please tick the appropriate box			
Attended, but only outside New Zealand			
Attended, but don't know what type of service			
Did not attend			
Unable to establish if attended or not			

Custody/Access Arrangements: _____

Extra copy of school report to: _____

Court Order issued: Yes / No / NA

(The school can only comply with legal Court Orders)

Parent/Caregiver

Name: _____ Occupation: _____ Phone Nos: _____ Relationship to student: _____

Address: _____

Name: _____ Occupation: _____ Phone Nos: _____ Relationship to student: _____

Address: _____

Emergency Contact Names:

Name: _____ Relationship to student: _____ Phone Nos: _____

Name: _____ Relationship to student: _____ Phone Nos: _____

Name: _____ Relationship to student: _____ Phone Nos: _____

Name of legal guardian: _____

Health		Other Details Learning & Behaviour Needs		Room:	Year:
Allergies:	Immunisation Certificate sighted Yes/No	Special Needs (background/Funding) eg ESOL, ORRS		Teacher:	
Medication:	Immunisation Completed Yes/No			Admission No. Date of Entry:	
Speech:		Other Information/Requests:		Birth Certificate Verified: Yes/No Birth Certificate No:	
Vision:	Doctor:			Signature of parent/caregiver:	
Hearing:	Phone:	Names of family pre-schoolers		Date:	
Serious problems:	I consent to my child's vision and hearing being tested Yes / No.				