



MAIREHAU
PRIMARY SCHOOL

New Entrant Enrolment Form

- Birth certificate or passport
 Proof of address (Bank, Power, Rates statement or Tenancy)
 Annex – Prior participation in Early Childhood Education
- Immunisation certificate or Plunket Book
 Annex to school application

STUDENT'S FULL NAME:

Family Name / Surname _____ First / given names _____
Preferred First Name _____

GENDER: MALE FEMALE **DATE OF BIRTH:** ____/____/____

STUDENTS ADDRESS: _____
_____ Postal Code: _____

SIBLINGS: Place in family ____ of ____

Name of eldest child at this school _____

Other siblings likely to attend: _____ DOB _____
_____ DOB _____

CAREGIVER 1: Mother / _____ Name _____ Mrs/Ms/Miss/Mr
Address _____ Post Code _____

Home phone _____ Cell _____ Email _____

Occupation _____ Work place _____ Work phone _____

CAREGIVER 2: Father / _____ Name _____ Mrs/Ms/Miss/Mr
Address _____ Post Code _____

Home phone _____ Cell _____ Email _____

Occupation _____ Work place _____ Work phone _____

Unless instructed differently both caregivers will be included in our text messaging during emergency situations.

EMERGENCY CONTACT 1: Name _____ Mr/Mrs/Ms/Miss
Home phone _____ Work phone _____ Cell _____

Address _____

Relationship to student _____ e.g. grandparent/neighbour/friend

EMERGENCY CONTACT 2: Name _____ Mr/Mrs/Ms/Miss
Home phone _____ Work phone _____ Cell _____

Address _____

Relationship to student _____ e.g. grandparent/neighbour/friend

Previous School _____ Previous Dental Clinic: _____

Name(s) of legal guardians _____ Court Order issued? Yes / No / NA
Custody / Access arrangements _____

Ministry of Education details :

Previous Special Education support _____
Language spoken at home English / _____

Ethnic Group:

Country of origin NZ / _____ Language English / _____ (cross out one)

Date of entry to NZ: _____ NZ Residency? Yes / No

Ethnicity: (Cultural identification with a particular ethnic group. If applicable up to three may be noted)

NZ European / NZ Maori /

Other _____

Iwi 1 _____ Iwi 2 _____ Iwi 3 _____

(Mother/Father – delete one)

(Mother/Father – delete one)

(Mother/Father – delete one)

Medical details : (List any medical problems and information the school should be aware of)

Allergies: _____ Medication: _____

Sight : _____ Hearing: _____

Speech: _____ Other: _____

Doctor _____ Phone _____

Immunisation Cert shown: _____ Complete: _____

I understand that the school will take action on my behalf in case of sudden illness or injury and I agree

to abide by school policies Yes / No

Scripture lessons (Year 1-4) : OPT IN / OPT OUT

Transport: Car Cycle Walk (Please circle)

Please list your child's hobbies, interests, sports and or clubs:

Any other information the school should be aware of:

The following will give permission for your child to attend all trips and excursions UNLESS you notify us otherwise. This will include routine trips such as visits to local libraries, sports representation, community walks, Museum and Marae visits, Science Alive, etc. This permission covers transport, usually by bus, supervision by nominated person and following health and safety procedures at destination. You will still always be informed that these trips are taking place. Camps will still have their own permission procedures.

I give permission for my child to participate in class / school visits, unless I notify the school otherwise.

Signed _____ Date _____

Parent / Caregiver Verification:

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 _____

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. Information is held securely and used for the purpose of education only.