

# Waikaretu School Enrolment Document

Please fill out both sides of this form

STUDENT DETAILS (v.5 04/18)

Enrolment Date

NSN

|   |                                  |   |  |
|---|----------------------------------|---|--|
| Legal Surname   |                                  | Boy <input type="radio"/> Girl <input type="radio"/>  | Birth Date: / /                              |
| Legal First Name/s:   | Siblings at Waikaretu School     | Travelling on School Bus <i>(please tick one)</i>   |  |
| Middle Name/s:  | Place In Family: of              | MOE GoBus <input type="radio"/>   | Does not catch the bus <input type="radio"/> |
| Preferred Name: (known as at school)  | Current Year Level:              | Previous School:  |  |
|   | 0 New Entrant<br>1 2 3 4 5 6 7 8 | Copy of most recent School Report Y/N   |  |
| New Zealand Citizen: Yes <input type="radio"/> No <input type="radio"/>   |                                  |   |  |
| <b>All enrolments must have copies of BIRTH CERTIFICATE or PASSPORT attached (originals need to be sighted at the office)</b> |                                  |   |  |
| <b>(Non-NZ residents only)</b>  |                                  | <b>Early Childhood Education:</b> Kindergarten €<br>Playcentre € Te Kohanga Reo € Other € _____                   |  |
| Date NZ Entry:  |                                  | <b>How many hours attended per wk :</b> _____   |  |
| Visa Number and Expiry Date:  |                                  | <b>Age child regularly attended Kindy from:</b><br>6mths / 1yr / 2yrs / 3yrs / 4yrs / not regularly/ occasionally |  |
| <b>Custody Details:</b>   |                                  | <b>Name of Childcare Centre:</b>  |  |
| Do <b>both</b> parents have access to child? Yes No   |                                  |   |  |
| Other custody arrangements:   |                                  |   |  |
| <b>Court Order Issued:</b> Yes No N/A   |                                  |   |  |
| <b>Extra Copy of School Report To:</b>  |                                  |   |  |

|  |
|--|
| <b>Student Ethnicity:</b> Origin identified with: Pakeha/European <input type="radio"/> Maori <input type="radio"/> Other <input type="radio"/> <i>please specify:</i> |
| Iwi: (1) _____ (2) _____   |
| (3) _____  |

## PARENTS/CAREGIVERS/GUARDIANS

|  |                   |
|--|-------------------|
| <b>Mother/Guardian/Caregiver</b> _____ <i>(Relationship to child):</i> | <b>Phone:</b>     |
| Title First Name: Surname:   | Home: _____       |
| Physical Address:  | Mob: _____        |
| Postal Address (if different from above):                              | Work: _____       |
|  | Email: _____      |
|  | Occupation: _____ |
| <b>Father/Guardian/Caregiver</b> _____ <i>(Relationship to child):</i> | <b>Phone:</b>     |
| Title First Name: Surname:   | Home: _____       |
| Physical Address:  | Mob: _____        |
| Postal Address (if different from above):                              | Work: _____       |
|  | Email: _____      |
|  | Occupation: _____ |

|   |       |               |         |
|---|-------|---------------|---------|
| Emergency Contacts:<br>e.g. Grandparent or friend (not parent/guardian) | Name: | Relationship: | Phone:  |
|   | Name: | Relationship: | Mobile: |
| Names of younger siblings (who may also attend)                         | 1.    | D.O.B :       | Phone:  |
|   | 2.    | D.O.B :       | Mobile: |

Signed : PARENTS/GUARDIANS \_\_\_\_\_ Date: / /

# Waikaretu School Health Document

Please fill out both sides of this form



|  |        |
|--|--------|
| Health: Immunisation Certificate (Copy required for office) Yes <input type="radio"/> No <input type="radio"/> |        |
| I agree to the provision of Immunisation information shared with the DHB and SBIP (Year 7 & 8 students) Y or N |        |
| Allergies:   |        |
| Permanent Medication (if any):   |        |
| Sight:   |        |
| Hearing:   |        |
| Speech:  |        |
| Learning/Medical/Emotional/Behavioural Needs: (please describe)  |        |
| Doctor:  | Phone: |
| Surgery:   |        |
| Surgery Address:   |        |

**PLEASE NOTE : If medication is required to be administered, or held in the Office, you will need to contact the Office and complete a Medication Authority Form to authorise school to administer that medication.**

# Waikaretu School Extra Curriculum



|  |
|--|
| Hobbies/Interests:   |
| Private Lessons: (eg: Music, Dance, Speech, Art, Gym, etc) |

## OFFICE USE ONLY

|   |  |   |  |                          |
|---|--|---|--|--------------------------|
| <i>Birth Certificate Copy</i>               |  | <b>OFFICE ONLY</b>                      |  | <i>Additional Notes:</i> |
| <i>Vaccination Certificate Copy</i>         |  | <i>Enrol Student in ENROL</i>           |  |                          |
| <i>Privacy Document</i>                     |  | <i>Enrol student in ETap</i>            |  |                          |
| <i>Direct Credit Form</i>                   |  | <i>Update School Phone Contact List</i> |  |                          |
| <i>Computer and Internet Agreement</i>      |  | <i>Bus Code of Conduct Form</i>         |  |                          |
| <i>Waikaretu School Information Booklet</i> |  | <i>Update in the Green Book</i>         |  |                          |
| <i>Newsletter</i>                           |  |   |  |                          |
| <i>Invoices – Uniform</i>                   |  |   |  |                          |
| <i>Update Newsletter/ Birthday List</i>     |  |   |  |                          |