



ANDERSON'S BAY SCHOOL

PUPIL DETAILS

Surname: _____ Christian Names: _____
Preferred Name: _____ Boy/Girl Date of Birth: _____
Address: _____ Phone: _____

PARENTS/CAREGIVERS INFORMATION *(please note if step-parent or foster parent)*

Parent Name: _____ Occupation: _____
Address: _____ Phone Nos: _____ (h) _____ (w)
E-mail address _____
Parent Name: _____ Occupation: _____
Address: _____ Phone Nos: _____ (h) _____ (w)
E-mail address _____

EMERGENCY CONTACT NAMES

1. _____ Phone: _____
2. _____ Phone: _____

CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS

ETHNIC GROUP(S) CHILD

Country of birth: _____ Home Language: _____
Iwi Affiliation for Maori Pupils _____

HEALTH

Allergies: _____
Medication: _____
Serious Problems: _____
Doctor: _____ Phone No: _____

PREVIOUS SCHOOL INFORMATION (if applicable)

Name of School: _____ Address: _____
Previous Class: _____ Previous Dental Clinic: _____
For New Entrant Pupils only: Name of Pre-School _____

NAMES OF OTHER FAMILY MEMBERS LIKELY TO ATTEND THIS SCHOOL

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____

*I understand that the school will take action on my behalf in case of sudden illness or injury.
If my child is starting school as a five year old I will show their immunisation certificate to the school secretary.*

(signature)

SCHOOL USE ONLY

Enrolment No: _____ Class: _____ Room: _____ Date: _____
V/H [] Tea [] Lib [] Enrol [] S MS [] Web [] Birth Cert [] Immun []