



PUPIL DETAILS

Student's legal surname: _____

Student's legal Christian Names: _____

Preferred Surname: _____ Boy/Girl Date of Birth: _____

Address: _____ Phone: _____

PARENTS/CAREGIVERS INFORMATION (please indicate if step-parent/foster parent or guardian)

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

Country of birth: _____ Home Language(s) _____

All ethnic Groups :

If born overseas, date of entry into New Zealand _____

Iwi student belongs to – if applicable (up to three)

Please note any religious or cultural practices that the school should be aware of.

HEALTH

Allergies: _____

Medication: _____

Serious Problems: _____

Doctor: _____ Phone No: _____

PREVIOUS SCHOOL INFORMATION (if applicable)

Name of School: _____ Address: _____

Previous Class: _____ Previous Dental Clinic: _____

New Entrants : Pre-school attended _____

NAMES OF SIBLINGS (including pre-school children). Place in family : _____

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

4. _____ 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 and birth certificate to the school secretary.

(signature)

SCHOOL USE ONLY

Enrolment No: _____ Class: _____ Room: _____ Date: _____

Tea [] Lib [] Enrol [] Assembly [] Trips [] Birth Cert [] Immunisation []

PRIOR PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Did your child attend one or more Early Childhood Education Services in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If your child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, but not both.
3. If your child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services.	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend.	
j. Unable to establish if attended or not.	

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last _____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

Name of Early Childhood Centre attended _____