



Bishop Edward Gaines Catholic School Tokoroa

Student Information form

Child's Full Name:

Child's Date of Birth: Age: Gender:

Address: Postcode:

Postal address:

Ethnicity (up to three):

Iwi – if applicable (up to three):

Language spoken at home:

Religion: Baptised in a Catholic Church? Yes/No

(We will take copies of the child's birth or passport or baptismal certificates, and parents' baptism certificates if your child has not been baptized.)

Learners from outside NZ

Country of birth: Passport #:

Date entered NZ: Student Visa: Yes/No Visa expiry date:

Parents country of birth: Mother: Father:

First language: Refugee Status: Yes/No

(we would need a copy of the child's visa document)

Mother/Guardian:

Address:

Occupation: Mobile:

Work: Email:

Father/Guardian:

Address:

Occupation: Mobile:

Work: Email:

Emergency Contact name:

Phone: Mobile:

Work: Relationship to Child:

Family Doctor/Practice:

Phone: B4 School check? Yes/No Fully Immunised: Yes/No

Allergies: Penicillin Asthma Bee Sting Other (please state)

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Sight/Hearing/Speech Ok Wears Glasses Under specialist Care

Pre-School (Last attended by Child):

Number of weekly hours attended: and years attended:

School (Last attended by Child):

I give permission to allow school staff to transport my child to any Hospital or medical centre if the need arises. Yes/No

I give permission for my child to use the internet under the school policy Yes/No

My child's photo/pictures, published work may be publicly displayed using the school website, Facebook and school/parish newsletters. Yes/No

I give consent for my contact details to be shared with the Friends of the school (PTA) Yes/No

Names of family members likely to attend this school:

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Full name of Parent/Caregiver:

Signed: Date:

Privacy Act

This document is signed knowing that the information given is protected by the privacy act and that the school has given an assurance that the information will not be released to anyone other than those who entitled under the terms of the act

<p>Enrol # NSN # Start date: Year:</p> <p>(Office use only)</p>
