

Tairangi School Pupil Enrolment Form

Preliminary Enrolment Information

Legal Surname:		Legal First Names:	
Preferred Surname:		Preferred First Name:	
Boy / Girl	DOB:	Current Year:	Class:
Previous School or ECE:		Country of Birth:	
Ethnicity 1:	Ethnicity 2:	Ethnicity 3:	Ethnicity 4:
Iwi 1:	Iwi 2:	Languages at home:	
Residency/Citizenship: Yes No		If no, NZ entry date:	
Country of Birth Mother:		Country of Birth Father:	
Guardian 1 Name:		Relationship:	Ph:
Address:			
Country of Birth:		Email:	
Guardian 2 Name:		Relationship:	Ph:
Address:			
Country of Birth:		Email:	

Additional Enrolment Information

Emergency Contact 1:		Relationship:	Ph:
Emergency Contact 2:		Relationship:	Ph:
Was ECE regularly attended? Yes No		Number of ECE hours per week:	
Circle type of ECE: Kohanga Playcentre Kindergarten Home based Playgroup Correspondence			
Court order supplied? Yes No		ESOL: Yes No	
Has your child had a B4 school check? Yes No		Immunisation Cert Provided? Yes No	
Vision:		Hearing:	
Allergies:		Serious Medical Issues:	
Medication:			
Medical Centre / Doctor:			
Learning Needs:		Behavioural Needs:	
Birth Certificate no:		Passport no:	
Sibling likely to attend:	Name:	DOB:	
Sibling likely to attend:	Name:	DOB:	

Permissions

Hearing and Vision checks in school.	Yes	No	Receive the E Newsletter:	Yes	No
Receive Free Fruit in School:	Yes	No	Receive Free Lunches in School:	Yes	No
ICT: Your child will have supervised access to filtered internet appropriate to their age. I give permission for my child's image, work and first name to be published online such as the school website, Facebook and newsletter.				Yes	No
EOTC: I give permission for my child to attend events which I am notified of before departure, take place during school time and follow the school's EOTC and Health and Safety Policy and Procedures. I can remove my consent anytime before the trip.				Yes	No
Attendance: I understand that my child will achieve their full potential when they attend school daily. The school is here to assist you with this responsibility. I will try my best to send my child to school everyday and miss no more than 5 days per term.				Yes	No
I understand that the school will hold all information confidentially and make any available to you on request. The school may pass on selected information to school affiliated organisations in the best interests of the student.				Yes	No
I agree that the school will take action on my behalf in case of sudden illness or injury in accordance with school policies and procedures.				Yes	No
Signed:		Enrolment Date:			
School Admission Number: NSN:		Date of Entry:			