Pupil Enrolment

Family Name _____

First Names _____

Address _____

_____

Phone _____

Mobile _____

Email _____

Boy/Girl Birthdate ____/_____/_____

Previous School / Centre:

_____

Year Level _____

Ethnic Groups child relates to:

_____

Iwi/Hapu:

_____

Learning & Behaviour needs/ Special needs (Background/ Funding) ESOL, ORRS

_____

_____

Other Members of the family likely to attend this school

Name _____ DOB ___/__/____

Parent/Caregiver Details

Title	Family Name	First Name	Home Phone	Mobil	Relationship

Emergency Contact Details

We will try to contact you first, before trying these contacts.

Contact Name	Phone	Cell	Relationship

Doctor _____ Phone _____

Custody / Access Arrangements

Is there any Custody/ Access Arrangements for this child?

Yes / No

Details_____

_____

If Yes has a court order been issued? Yes / No

Early Childhood Education (New Entrant Only)

- ❑ Kindergarten, Playcentre, Education & Care or Home based Services. Hours per week _____ How many years attended? _____
- ❑ Kohanga Reo
- ❑ Pacific Islands EC Group or Playgroup
- ❑ Did not attend any type of ECE centre
- ❑ Unable to establish if ECE attended or not.

AWAHONO SCHOOL
GREY VALLEY

Health

Allergies: _____Medication _____ Hearing _____

Sight _____ Speech _____ Other Serious Problems _____

Permissions:

I give permission for my child to attend day trips outside of the classroom	Yes / No
I give permission for my child's photo to be used in school publications and on the internet	Yes / No
I give permission for staff to administer basic First Aid	Yes / No
I give permission for staff to administer panadol / antihistamine	Yes / No
I give permission for my child to be checked for head lice	Yes / No
I give permission for the Vision and Hearing tech to check my child's ears/eyes	Yes / No

Signed _____ Date ____/_____/_____

NSN _____