



Okaihau Primary School

PUPIL ENROLMENT FORM

CHILD DETAILS

Legal Surname: _____ Legal First Names: _____

Preferred Surname: _____ Preferred First Name: _____

Date of birth: _____ Boy/Girl _____ Current Year level: _____

Home address: Rapid no. _____ Phone: _____ (Home)

_____ Phone: _____ (mobile)

Postal address: _____ Email: _____

(if different from above)

Ethnic group/s child relates to _____

Country of birth: _____ Iwi/Hapu _____

(up to 3) _____

NZ residency/citizenship Yes/No _____ Birth Cert/Passport No. _____

PARENT/CAREGIVER DETAILS

1) Mr/Mrs/Ms _____ First name: _____ Surname: _____

Relationship to child: _____ Occupation: _____

Residential address

(if different to child) _____ Phone: _____ Work: _____

_____ Mobile: _____

2) Mr/Mrs/Ms _____ First name: _____ Surname: _____

Relationship to child: _____ Occupation: _____

Residential address

(if different to child) _____ Phone: _____ Work: _____

_____ Mobile: _____

Name/s of legal guardians: _____

Custody/Access arrangements: _____

(if applicable)

(Copy of court order is required for the school to enforce custody arrangements.)

EMERGENCY CONTACTS

Name: _____ Phone: _____ Mobile: _____

Name: _____ Phone: _____ Mobile: _____

Grandparents Contact Details:

Names: _____

Address: _____

Phone number: _____

FOR NEW ENTRANTS ONLY
PRIOR PARTICIPATION IN EARLY CHILDHOOD EDUCATION**Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Yes/No**

Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the 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*, not both.
3. If the 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 <i>or</i> Education and Care Centre			
d. Home based care			
e. Playgroup			
f. The Correspondence School			

Or

Please tick 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 the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked into 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.

HEALTH

Please complete if your child has trouble with hearing/vision, learning, behaviour or special needs, Medication required / Allergies or any other relevant information we should be aware of.

Immunisations: Complete YES/NO

Certificate sighted: YES/NO

In term of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

PERMISSIONS

- 1) I hereby give / do not give (circle) permission for Okaihau Primary to publish samples of work or photographs of my child, in school newsletters/newspapers/notice boards/website.
- 2) I hereby give/ do not give (circle) permission for Okaihau primary to video tape my child for purposes of education feedback and analysis. This information will not be used outside Okaihau Primary without your permission.
- 3) I hereby give / do not give (circle) permission for Okaihau primary to administer paracetamol to my child in urgent situations that require pain relief. We will endeavour to contact parents before administering paracetamol.
- 3) I hereby give / do not give permission for my child to use the schoolbased internet system for education purposes.

Signature of Parent/Caregiver

Date

Copy of Birth Certificate provided

Bus pupil: Yes/No _____ **Bus**