

# Enrolment form for Regular Students

# LITTLE RIVER SCHOOL

## Personal Information:

NB: Grey areas for office use only

Last Name	First Names	Preferred Name	Gender	
Date of Birth	Placement in family	Eldest	Only	Postal Address
	of			
Child's Ethnicity	Physical Address			
Phone No.	Confidential?	Fax No.	Email address	

## Enrolment Information:

Pre-school	Date first started School	Previous School (if applicable)	Birth Cert/Passport sighted				
Country of Origin	Date entered NZ	Start Date	NZ Residency?	Enrolment No.	Year	Room	Internet Access

## Ethnicity and Language:

Father's Ethnicity / Iwi	Mother's Ethnicity / Iwi	Religion	Permission for Religious Instruction

## Medical Details:

Doctor's Name	Address / Phone	Medical Notes / Medication							
Dentist's Name	Address / Phone	Permission to give Paracetamol	YES / NO						
Immunisation Certificate Shown	If incomplete, please tick diseases immunised / natural immunity								
	Hepatitis B	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella

## Accounts Sent to:

Name	Address

## Primary Caregiver:

Name	Preferred Name	Telephone (Home)	Confidential?
Address	Relationship to Student		
Occupation	Employer	Telephone (Business)	Cellphone

## Secondary Caregiver:

Name	Preferred Name	Telephone (Home)	Confidential?
Address	Relationship to Student		
Occupation	Employer	Telephone (Business)	Cellphone

**Separate Emergency Contacts (at least one contact being local, if possible):**

Name	Address	Telephone	Relationship to Student

**Future family members likely to attend this school:**

Name	Age	Gender	Date of Birth

**Family members who have or are currently attending this school:**

Name	Last year attended	Gender	Room	Year

**Extra copy of School Report to:**

Name	Address

**Extra copy of School Newsletter to:**

Name	Address	Email Address

**Names of Legal Guardians:**

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**Custody Arrangements / Access Restrictions:**

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**Extra Student Notes / Information:**

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*In terms 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.*

**I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.**

\_\_\_\_\_  
(Parent / Caregiver Signature)

**Preschool information (for Ministry of Education information on Enrol)**

Did your child attend one or more Early Childhood Education centre(s) in the six months prior to starting school?

Please select attendance (If attended more than one service, please tick against each service, up to 3 services):

- Kohanga Reo
- Playcentre
- Kindergarten or Education and Care Centre
- Home based Service
- Playgroup
- Correspondence School
- Attended, but only outside New Zealand.
- Did not attend.

**Hours attended (approximate hours per week) total:**

**Did your child regularly attend Early Childhood Education:**

Please select:

- Yes, for last 6 months
- Yes, for last year
- Yes, for last 2 years
- Yes, for last 3 years
- Yes, for last 4 years
- Yes, for last 5 years
- Not regularly, only occasionally.