

## PUPIL ENROLMENT FORM – WEST END SCHOOL: PALMERSTON NORTH

|   |                    |   |                                  |
|---|--------------------|---|----------------------------------|
| Legal surname:  |                    | Legal first name/s:   |                                  |
| Preferred surname:  |                    | Preferred first name:   |                                  |
| Place in family: of   | Boy / Girl         | DoB: / /  | Current class/year level         |
| Home address:   |                    | Eldest child at this school   |                                  |
| Previous school/centre:   |                    | Address:  | Zone: In/Out/N/A                 |
| Residency/Citizenship? Yes/No   |                    | If No, Date of NZ entry / /   | Country of birth: Home language: |
| Ethnicity 1.  | 2.                 | 3.  |                                  |
| Iwi/Hapu 1.   | 2.                 | 3.  |                                  |
| Title:  | Legal surname:     | First name:   | Relationship to child            |
| Home address:   |                    | Country of birth:   |                                  |
| Workplace:  | Occ:               | Work phone no.  |                                  |
| Mob no.   | Home no.           | Email:  |                                  |
| Title:  | Legal surname:     | First name:   | Relationship to child            |
| Home address:   |                    | Country of birth:   |                                  |
| Workplace:  | Occ                | Work phone no.  |                                  |
| Mob no.   | Home no.           | Email:  |                                  |
| Emergency contact name 1:   |                    | Relationship to child:  | Mob no.                          |
| Emergency contact name 1:   |                    | Relationship to child:  | Mob no.                          |
| Doctor:   |                    | Ph:   | Dental clinic:                   |
| Name of legal guardian/s  |                    |   |                                  |
| Was ECE regularly attended? <input type="radio"/> Yes, for the last ___ year/s or <input type="radio"/> No, not regularly, only occasionally or <input type="radio"/> No, did not attend ECE. |                    |   |                                  |
| Did your child attend an ECE service in the six months prior to stating school?   |                    |   |                                  |
| Please enter the number of hours per week for up to 3 services.   |                    | ✓ following boxes if ECE hrs on section to the left is not completed. |                                  |
| A) Kohanga Reo  | ___ hrs pw         | G) Attended, outside NZ   | ___                              |
| B) Playcentre   | ___ hrs pw         | H) Attended, don't know what type of service                          | ___                              |
| C) Kindergarten or Education Care Centre  | ___ hrs pw         | I) Did not attend   | ___                              |
| D) Home based Service   | ___ hrs pw         | J) Unable to establish if attended or not                             | ___                              |
| E) Playgroup  | ___ hrs pw         |   |                                  |
| F) Correspondence School - Te Aho o Te Kura Ponamu  | ___ hrs pw         |   |                                  |
| Court order issued? Yes/No/N/A If yes please provide a copy of the Court/Parenting Order.   |                    |   |                                  |
| Extra copy of school report to:   |                    | Address:  |                                  |
| Has your child had a B4 School Check? Yes/No B4SC health? B4SC developmental? B4SC behavioural?   |                    |   |                                  |
| Immunisation Cert Sighted Yes/No  |                    | Requested?  | Completed: Yes/No                |
| Vision:   |                    | Hearing:  |                                  |
| I consent to my child's vision and hearing being tested. Yes/No   |                    |   |                                  |
| Allergies:  |                    | Medication  |                                  |
| Speech:   |                    | Serious problems:   |                                  |
| Learning/Behaviour Needs:   |                    |   |                                  |
| Special Needs/Resourcing/Agencies:  |                    |   |                                  |
| Other information/requests (attach further information as required):  |                    |   |                                  |
| <b>DECLARATION:</b> I have read and accept the privacy statement and parent declaration on the reverse/next page of this form.  |                    |   |                                  |
| Parent/Caregiver signature: <b>X</b>  |                    | Date: / /   |                                  |
| Members of your family likely to attend this school in the future. 1.   |                    | DoB / /   |                                  |
| 2.  |                    | DoB / /   |                                  |
| 3.  |                    | DoB / /   |                                  |
| Overseas Visa Information:  |                    |   |                                  |
| Birth date verification: <input type="radio"/> Birth certificate/number   |                    | or <input type="radio"/> Passport/Number                              |                                  |
| NSN:  | Data entered: / /  | Records requested / /   | Records rec'd / /                |
| Teacher:  | Rm: Year level:    | School admission/enrolment number:                                    |                                  |
| School Stamp:   | Date of entry: / / |   |                                  |

**Privacy Statement**

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.

**Parent Declaration**

I agree that the school will take action on my behalf in the case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school. All information that I have provided is true and correct.