



Hororata Primary School

Learning for our future

School Enrolment Form

Student Details:

Last name	First names	Preferred name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Verification (Type)		
<input type="text"/>	<input type="text"/>		
Verified By	Date		
<input type="text"/>	<input type="text"/>		
Other siblings attending school/Preschool	Position in family		
<input type="text"/>	<input type="text"/>		
Residential Address (street/road)	Postal code		
<input type="text"/>	<input type="text"/>		
Postal Address (if different from above)	Postal code		
<input type="text"/>	<input type="text"/>		

Ethnicity & Language:

Father's Ethnicity	Mother's Ethnicity	Country of Origin	First Language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date first arrived in New Zealand	Students Ethnic Classification i.e., European, Maori etc		
<input type="text"/>	<input type="text"/>		

Medical Information:

Doctor	Contact Details e.g., Darfield Medical Centre	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical notes e.g., allergies, medication etc	Sight, Hearing, Speech	
<input type="text"/>	<input type="text"/>	

Immunisation Certificate:

Certificate Sighted	Certificate Completed		
<input type="text"/> Yes <input type="text"/> No <input type="text"/> Requested	<input type="text"/> Yes <input type="text"/> No	<input type="text"/> Details on Register	
Verification	Date		
<input type="text"/>	<input type="text"/>		

Enrolment Information:

Enrolment Date	Enrolment Number (Office use only)	Classification	Classroom Placement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date first started school	Previous School or Early Childhood Education Provider		
<input type="text"/>	<input type="text"/>		
Special Education Support (received at previous School or Early Childhood Education provider)			
<input type="text"/>			

Parent/Caregivers (Primary):

Title	First Name	Last Name	Preferred Names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to student		Occupation	
<input type="text"/>		<input type="text"/>	

Parent/Caregivers (Secondary):

Title	First Name	Last Name	Preferred Names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to student		Occupation	
<input type="text"/>		<input type="text"/>	

Contact Information:

Residential Address (if different from child's address)		Postal code
<input type="text"/>		<input type="text"/>
Postal Address (street/road)		Postal code
<input type="text"/>		<input type="text"/>
Telephone Number	Fax Number	Cellphone
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail Address		
<input type="text"/>		

Emergency Contact Information:

Contact Person (#1)	Relationship to student	Telephone/Cellphone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Person (#2)	Relationship to student	Telephone/Cellphone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Custody/Access Arrangements:

Court Order Issued? Yes / No / NA (please attach separate sheet detailing custody arrangement where appropriate)

Extra Copies of School Report/Newsletter to: _____

Additional Information:

School Bus Zone	Kilometres from School	Eligible
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please tick)

- | | Yes | No |
|--|--------------------------|--------------------------|
| ▪ I consent to my child's name and/or image being used by the school in the school newsletter or on the school website. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ I consent to my telephone number being placed on the school Ringing List to be used in the event of an emergency or for fundraising activities co-ordinated by school committees. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ I approve the forwarding of information of my child's name and address on request to a potential intermediate or secondary school. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ 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. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Caregiver

Date