



2 Loffhagen Drive
PO Box 11
Waipara 7447

Waipara Primary School

Enrolment Form

P: 03-3146814
F: 03-3146815
e: waipara@xtra.co.nz
www.waipara.school.nz

Information about the child <i>Please ensure you have attached a copy of your child's Birth Certificate or Passport and Immunisation record</i>		Male Female	Date of birth: / / <i>(this needs to be verified when a 5 year old starts school e.g. Birth Certificate or Passport; or documentation if not born in NZ)</i>	
Surname/ Family name:		First name:		
Preferred Family name:		<i>(please circle)</i> Previous Pre-School / Kindergarten / Play Centre / Te Kōhanga Reo:		
Address: <i>(including post code)</i>		Ethnicity: <i>(NZ European/Pakeha; NZ Maori; Tokelauan; Fijian; Niue; Tongan; Cook Islands Maori; Samoan; Other Pacific Islands; South East Asian; Indian; Chinese; other Asian (Japanese, Korean); Other European; Other (African/South American))</i> 1. 2. 3.		
Phone:	Cell:	Iwi/Hapu: 1. 2. 3.		
Child lives with: Both parents / mother / father / other		Previous School and class:		Y.....
Doctor/Medical Centre:	Phone:	Previous Dental Clinic:		
Extra copy of school report to (if applicable):		Place in family: of	Religious Instruction: Yes / No	
Younger Siblings and DOB:				

Parent / Guardian details *(Person with whom the child lives and has custody)*

Caregiver 1: Title: <i>(e.g.) Mr / Mrs / Ms</i> Family name:		Caregiver 2: <i>(e.g.) Mr / Mrs / Ms</i> Family name:	
First name:		First name:	
Relationship to child: <i>(e.g. mother/grandparent)</i>		Relationship to child: <i>(e.g. mother/grandparent)</i>	
Address: <i>(including post code)</i>		Address: <i>(including post code)</i>	
Occupation:	Work phone:	Occupation:	Work phone:
Phone:	Cell:	Phone:	Cell:
Email:		Email:	

Emergency Contacts (different to above - not caregivers)

Emergency contact 1:	Phone:	Emergency contact 2:	Phone:
	Cell:		Cell:
Relationship to pupil:		Relationship to pupil:	

Custody Arrangement / Access Restrictions *(papers attached if required)*

