



WAITUNA CREEK SCHOOL

178 Waituna School Road RD8 Waimate 7978
 T: 03 689 7438 e: office@waitunacreek.school.nz
www.waitunacreek.school.nz

Enrolment Form

Family Name:	NZ Residency/Citizenship: YES/NO
First Name:	If no to above, please give details:
DOB:	
Address:	Ethnic Group: NZ European/ Pakeha NZ Maori: YES/NO Iwi: Other:
New Entrant Information	Transferring Student
Early Childhood Centre:	Previous School:
Number of Years attending above Centre:	Current Year Level:
Average hours per week:	Date child first attended school:
Contact Details	
Contact 1:	Contact 2:
Title:	Title:
Family Name:	Family Name:
First Name:	First Name:
Relationship to Child:	Relationship to Child:
Address: (If different to the child)	Address: (If different to the child)
Email:	Email:
Phone Home:	Phone Home:
Cell:	Cell:
Work:	Work:
Emergency Contacts	
Name:	Name:
Contact Number:	Contact number:
Relationship to child:	Relationship to child:



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Health Details	
Doctor:	Doctor Phone number:
Serious Problems:	Sight:
Speech:	Hearing:
Allergies:	Medication:
Other Details	
Learning & Behaviour needs:	Agencies that have been involved:
Checklist	
Attached copy of Birth Certificate	YES/NO
Attached copy of Immunisation Certificate	YES/NO
Completed both sides of this form	YES/NO
Copy of 4 Year Old Check (if New Entrant)	YES/NO
Privacy Act/ Signature	
<p>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 sending of information when my child transfers to another school.</p>	
Signed:	Date:
Transport Consent	
<p>I give permission for my child/children to travel locally (Waimate) in either another parent's vehicle (that has suitable seating and warrant) by bus or community van. I understand that I will be informed of this via the school newsletter or notice home. For all other trips outside Waimate I understand that a permission form will be needed to fill out and be returned to school.</p>	
Signed:	Date:
One to One Teaching	
<p>I consent to my child/children receiving one-to-one basis teaching with staff members at Waituna Creek if the need arises at any time.</p>	
Signed:	Date: