

STUDENT ENROLMENT FORM



CHILD'S DETAILS:

Admission No.:	<input type="text"/>	Admission Date:	<input type="text"/>
Legal Surname:	<input type="text"/>	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Legal First Names:	<input type="text"/>	Preferred Name:	<input type="text"/>
Address:	<input type="text"/>		
Home Phone:	<input type="text"/>	Date of Birth: Please attach copy of birth certificate	<input type="text"/>
Home Email Address:	<input type="text"/>		
Country Born:	<input type="text"/>	Date Arrived in N.Z.:	<input type="text"/>
Ethnicity	<input type="text"/>	Iwi and Rohe (<i>Iwi home area</i>):	
Language Used At Home:	<input type="text"/>	<small>If the student is of N.Z. Maori descent, please enter the name(s) of his/her iwi. You may enter more than one iwi. If you do not know the Iwi, please enter "Don't know".</small>	Iwi: <input type="text"/>
Early Childhood Education:	<input type="text"/>		Rohe: <input type="text"/>
Last School Attended:	<input type="text"/>		Iwi: <input type="text"/>
			Rohe: <input type="text"/>
			Iwi: <input type="text"/>
			Rohe: <input type="text"/>

CAREGIVERS' CONTACT DETAILS:

1. Surname:	<input type="text"/>	First Name:	<input type="text"/>
Title: (Mr/Mrs/Miss)	<input type="text"/>	Relationship to Child:	<input type="text"/>
Address: (if different from above)	<input type="text"/>		
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Occupation:	<input type="text"/>	Cellphone No.:	<input type="text"/>
Employer:	<input type="text"/>	Ethnicity:	<input type="text"/>
2. Surname:	<input type="text"/>	First Name:	<input type="text"/>
Title: (Mr/Mrs/Miss)	<input type="text"/>	Relationship to Child:	<input type="text"/>
Address: (if different from above)	<input type="text"/>		
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Occupation:	<input type="text"/>	Cellphone No.:	<input type="text"/>
Employer:	<input type="text"/>	Ethnicity:	<input type="text"/>

EMERGENCY CONTACT PERSON'S DETAILS:

Surname:

First Name:

Title: (Mr/Mrs/Miss)

Relationship to Child:

Contact's Address:

Home Phone:

Work Phone:

DOCTOR'S DETAILS:

Doctor:

Telephone:

Location of Surgery:

Has your child any physical/medical disabilities, allergies? Do they require medication?**Does your child have any behavioural or learning problems? Please specify.**

I understand that the school will take action on my behalf in the event of injury to, or the sudden illness of my child. I agree to accept all costs associated with or incurred by such actions.

I understand that the school will make decisions regarding the safety, care and well being of my child in the event of an emergency and I agree to accept and abide by them.

I give permission for Wilford School to share relevant personal details and educational information with support agencies or educational institutions.

Signed: (Parent/Caregiver)

Date:

OFFICE USE ONLY:

Enrolment Completed by: (e.g. Mother, Father)

Enrolment Taken by: (e.g. Principal, Office)

Year Level:

Room Number:

Class Teacher:

 Birth Certificate Attached N.Z. Citizenship or Passport Attached Immunisation Certificate Attached

(The Ministry of Education require this form to be completed for all new entrants)

Prior-participation in Early Childhood Education

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

Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last _____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.



NEW ENTRANT ONLY

Child's Name: Date:

The following information helps us to know your child.

Which hand does your child use predominantly? Left Right

How do you find managing your child?

Easy Easy most of the time Sometimes difficult Sometimes very difficult

Does your child know the following:

- Can use scissors
- Know shapes ▲ ○ ■ ▬ ◇
- Recognise numbers to 10
- Count to 20 or more
- Can write their own name
- Dress themselves
- Recognise any alphabet letters
- Enjoy books
- Does he/she belong to a library?

YES	NO

What time does your child normally go to bed during week nights?
 (A 5 year old child needs between 9 and 10 hours sleep a night)

Thank you for taking the time to fill this in. If you have any queries or concerns, please feel free to see me or make an appointment through the office.

Starting school is a very special time for you and your child and I do want to make that transition as easy as possible.