

OTHER DETAILS (Attach separate sheet if more space needed)

Please state any learning behaviour needs, special needs (background / funding eg. ESOL, ORS), health problems or any other information or requests.

BEHAVIOUR:

LEARNING:

HEALTH:

ANY OTHER RELEVANT INFORMATION / REQUESTS / OUT OF ZONE INFORMATION :

Whole School Behaviour Plan

I have received the Whole School Behaviour Plan to read.

Signed

Out of School Activities

I give permission for my child to leave the school grounds for curriculum related activities which take place outside of the school environs eg. visits to the town library, Memorial Park for sports practices, walks out of the grounds to see new buildings etc.

Signed.....

Health and Immunisation

Does your child have any allergies, medication requirements, serious problems? *Please state*

Medication required

Immunization Certificate: Completed Yes / No

Chose not to immunize

Health

Doctor
.....
.....

Phone;

Ethnic Background

Country of Birth

Ethnicity

Iwi

Home Language spoken

Visa Information:

NZ Citizen Permanent Resident Permit

Date of Entry to NZ ____/____/____

Type of Permit /Visa

Permit Expiry Date

Early Childhood Education

Licensed Kindergarten, Playcentre, Childcare or Homebased Centre

Licensed Kohanga Reo

Early Childhood Development Services (Playgroup, Pacific Islands Language Group, Unlicensed Playcentre

Did not attend any Early Childhood Education

Name of centre:

Location:

DTO

TAURANGA PRIMARY SCHOOL ENROLMENT FORM

STUDENT DETAILS:

Full Name _____
Family Name _____

First Name Middle Name

Address _____

Post Code _____

Phone No. _____ **mobile** _____

EmailAddress _____

Place in Family _____ out of _____

Name of Eldest Child at this school: _____

Gender M / F **Date of Birth** ____/____/____

Verification Documents:-

Birth Certificate No: _____

Passport No: _____
 (Please note a copy of either the Childs birth certificate or passport needs to accompany this form before enrolment can be completed)

Documents attached yes / no

Previous School _____

Current Year Level _____

Daycare/Preschool/Kindy _____

Previous Dental Clinic _____

Using / Eligible for Ohauti Bus Pupil Yes / No

Family Details

Child Lives With : (please tick appropriate boxes): Both Parents Mother Father Step-parent Caregiver

Birth Mother _____

Residential Address _____

Ph: Home _____ Mobile _____

Occupation _____

Name of Company / Employer _____

Ph: Work _____

Birth Father _____

Residential Address _____

Ph: Home _____ Mobile _____

Occupation _____

Name of Company / Employer _____

Ph: Work _____

If child living with Step parent or alternative caregiver other than birth parent, please find in their details below

Name _____ relationship to child _____

Residential Address _____

Occupation _____ Name of Company / Employer _____

Ph. Nos : Home _____ Mobile _____ Work _____

Emergency Contacts : (Other than parent) In the event we cannot contact either parent, please supply **alternative** contact and advise relationship ie; Aunt/grandparent/family friend etc

Name _____ Ph. No _____ Mobile: _____ Relationship to child: _____

Name _____ Ph. No _____ Mobile: _____ Relationship to child: _____

Names of Family Members likely to be enrolling at this school in the future :

Name _____ Birthdate ____/____/____ M / F

Name _____ Birthdate ____/____/____ M / F

Custody/Access Arrangements (Attach separate sheet if more space required.)

Court Order Issued? Yes / No / N.A.
 (please note: If a formal court order has been issued the school needs a copy of this.)

I understand that the school will take action on my behalf in case of sudden illness or injury, and that by signing this form I agree to abide by school policies. Please turn over and fill out some more important information.....

Signature of Parent/Caregiver _____ **Date** ____/____/____

Please note that if your child is to be absent for any reason then you must inform the school asap. The absentee line is : 578 6222 – press 2

Office Use Only

Year _____ Birth date Verified (5yrs only) Room Number _____ Enrolment Number ____/____/____

Proof of Address in zone Entered into school records Teacher _____ Date of Entry ____/____/____

Entered into Etap Entered into Enrol

PTO