

# Dargaville Primary School Enrolment Form

## OFFICE USE ONLY

Admission Date: ...../...../.....

Enrolment No: .....

Loaded on:  Etap  Enrol

Year: ..... Room: .....

House: .....

A copy of your child's birth certificate must accompany this Enrolment Form, this is a legal requirement. If your child has been immunized, we are required to sight proof. eg. Certificate, Plunket Book.

### STUDENT'S PERSONAL DETAILS

LEGAL SURNAME:	LEGAL FIRST NAMES:	
GENDER: Male / Female	DATE OF BIRTH:	BIRTH CERTIFICATE: Y/N (Verified .....
HOME ADDRESS:		
CURRENT YEAR LEVEL :	PREVIOUS SCHOOL NAME:	
ETHNIC GROUP: (Please circle one) European NZer Maori NZer Other (Please specify) _____		
IWI AFFILIATION: (see attached schedule) _____		

Did your child attend one or more Early Childhood Education Services?	Please enter the numbers of hours per week attended	Name of E/C (hrs/week)	Service 2 Name (hrs/week)
Yes-for the last 6 months	Kindergarten		
Yes-for the last 2 years	Kōhanga Reo		
Yes-for the last 3years	Playcentre		
Yes-for the last 4 years	Other (Please specify)		
Yes-for the last 5 or more			
Not regularly only occasionally with no on-going schedule.			

### DETAILS OF PARENTS/CAREGIVERS:

SURNAME:	Mr/Mrs/Miss	FIRST NAME:
ADDRESS: (if not the same as above)		
PHONE: (Home)	PHONE (Work)	
OCCUPATION:	WORK PLACE:	
RELATIONSHIP TO STUDENT:	EMAIL:	
SURNAME:	Mr/Mrs/Miss	FIRST NAME:
ADDRESS: (if not the same as above)		
PHONE: (Home)	PHONE (Work)	
OCCUPATION:	WORK PLACE:	
RELATIONSHIP TO STUDENT:	EMAIL:	

### EMERGENCY CONTACT:

( A person who can be contacted if immediate Caregivers can not be contacted)

SURNAME:	Mr/Mrs/Miss	FIRST NAME:
RELATIONSHIP TO STUDENT: (Mother, Father, Grandparent, Aunt Friend etc)	DAY TIME PHONE NUMBER:	

Will your child be travelling to school on a bus? **YES / NO** If yes please circle which route

Arapohue

Baylys Beach

Hoanga

Kaihu

Waihue

Mahuta

Omamari

Tangowahine

Te Kopuru

**MEDICAL / HEALTH INFORMATION**

**Immunisation Certificate Sighted:** Yes / No

**Medical Problems:** ..... (degree: Mild / Moderate / Severe)

..... (degree: Mild / Moderate / Severe)

**Please specify any other Medical Information which the school may need to know:** .....

**Prescription Medicine taken at school:** .....

It is important that Prescription Medication for the student is held in the School Sick Bay. Please supply this medication clearly named with instructions if required.

**I give permission for First Aid personnel at the school to administer prescription medicine:**

**I give permission for the school to act in an emergency should the need arise:**

**I give the school permission to dispense PARACETAMOL when / if necessary:**

.....  
(Signed)

**OTHER FAMILY MEMBERS LIKELY TO ATTEND THIS SCHOOL IN FUTURE:**

Name:..... DOB:.....

Name:..... DOB:.....

**PRIVACY ACT:**

I give consent for this school to gain relevant information about this student from previous schools.

I give consent for this school to give relevant information to other schools, if requested.

I give consent for the school to give relevant information to Northland Health Services, Vision & Hearing Testers, Dental Services, Public Health Nurse, Truancy Officer.

My child can / cannot attend Bible In School Lessons.

My child can / cannot participate in Milk In Schools.

**Parent's Signature:**.....