



# ENROLMENT FORM

Please provide:

- Birth Certificate / Passport / Residency Permit
- Certificate of Immunization

Family Name \_\_\_\_\_

First Name of pupil \_\_\_\_\_ Middle Name: \_\_\_\_\_ (Preferred Name) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Country of Origin – NZ or \_\_\_\_\_ First Language \_\_\_\_\_

Ethnicity: NZ European / NZ Maori (please provide iwi – up to 3) / Other \_\_\_\_\_  
(circle one)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate / Passport / Residency Permit No: \_\_\_\_\_ Gender: M / F  
(circle one)

Date first attended this school (Tasman School) \_\_\_\_\_ Immunization Certificate - Complete Y / N

Previous school attended (if Applicable) \_\_\_\_\_

Did pupil regularly attend an Early Childhood Education Centre Y / N Name of centre(s) attended \_\_\_\_\_

Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga 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			

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

Medical Details (list any medical problems / information / medication the school needs to be aware of) \_\_\_\_\_

Doctor / Medical Centre \_\_\_\_\_ Phone \_\_\_\_\_

Caregiver 1 (First contact) Details : Name \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_ Work Phone (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_ Self-employed / Full Time / Part Time / Home Based (circle)

Caregiver 2 (Second Contact) Details : Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_ Work Phone (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_ Self-employed / Full Time / Part Time / Home Based (circle)

Other siblings likely to attend this school : Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact :

Name(s) \_\_\_\_\_ (Relationship to student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Legal Conditions – any legalities (restraining orders, etc.) which the school needs to be aware of :

Do you agree to your child receiving mild medication (Paracetamol) at their teacher's discretion? YES / NO (please circle)

Do you agree that the school may act on your behalf in an emergency situation (you will be notified)? YES / NO (please circle)

Will you permit photos / name of your child to be published on the website or in newsletters/newspapers YES / NO (please circle)

If your child travels on the school bus, please provide the number of kilometres from your home to the school \_\_\_\_\_ Km

How do you wish to receive the fortnightly school newsletter? Email / Hard copy (please circle)

Do you agree to your phone number being listed in a school phone list available to parents of the school? YES / NO (please circle)

The above information is required for the school to communicate with parents and caregivers, to maintain the safety of the pupil and in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

### INFORMATION PRIVACY

I agree to the School collecting personal information on \_\_\_\_\_ (full name of individual)

- I have been advised by the School what the information I provide will be used for.
- I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.
- I understand that the information I provide will be held at Tasman School, 417 Aporo Road, RD1 Upper Moutere and I am aware of the rights of access to and correction of this information.

The information above is true and correct. I undertake to advise the school of any change in circumstance so that accuracy and contacts may be maintained.

Signed:.....

Individual/Parent/Legal Guardian/Caregiver/Agent

**Please delete those not applicable**