

# KARITANE PRIMARY SCHOOL

## Student Enrolment Form

Coast Rd, Karitane

Phone (03) 4657-475, Fax (03)4657-475 email: [karitaneschool@xtra.co.nz](mailto:karitaneschool@xtra.co.nz)

Legal Surname \_\_\_\_\_

Preferred Surname (if different from above) \_\_\_\_\_

All first names \_\_\_\_\_

Preferred name (if different from above) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth(dd/mm/yy) \_\_\_\_\_  
(Birth certificate to be copied upon Enrolment)

Country of Birth: \_\_\_\_\_

NZ Citizen Yes/No  
 NZ Resident Yes/No (copy of visa required)

Date NZ Entry \_\_\_\_\_ (dd/mm/yy)

Language spoken at home \_\_\_\_\_

For Office Use Only	
Student NSN:	
Start Date:	
eTap <input type="checkbox"/>	ENROL <input type="checkbox"/>
Permissions <input type="checkbox"/>	
DOB verification/Visa:	Yes/No
Immunisation:	Yes/No
Internet permission:	Yes/No
Milk in Schools:	Yes/No
Parent Info. Form:	
Notes:	
Year Level:	

<i>Ethnic group student identifies with (please tick)</i>			
NZ European <input type="checkbox"/>	NZ Māori <input type="checkbox"/>	Pacific Island (state which island group) <input type="checkbox"/>	
Other European (please identify) <input type="checkbox"/>	Asian (please identify) <input type="checkbox"/>		
Other:			

<i>For students of Māori descent</i>	
If the student is of NZ Māori descent please enter the name/s of his/her iwi in the column opposite. You may enter more than one iwi. If you do not know the iwi please enter 'don't know.'	<i>Iwi:</i>
	<i>Iwi:</i>

<i>Early Childhood education, please tick</i>					
<input type="checkbox"/>	Kindergarten/Playcentre	<input type="checkbox"/>	Daycare	<input type="checkbox"/>	Did not attend
<input type="checkbox"/>	Kohanga Reo	<input type="checkbox"/>	Pacific Island EC Group	<input type="checkbox"/>	Overseas pre-school/primary

MOTHER/GUARDIAN'S DETAILS		lives with <input type="checkbox"/>
Surname:	First Name:	Home phone:
Home Address		Mobile no:
Email address:		
Occupation:		Work phone:
FATHER/GUARDIAN'S DETAILS		lives with <input type="checkbox"/>
Surname:	First Name:	Home phone:
Home Address		Mobile no:
Email address:		
Occupation:		Work phone:

EMERGENCY CONTACTS (friends/family we can contact if parent/guardians are not available).		
Name	Phone	Relationship to child
1.		
2.		

Is there anybody who is <b>legally</b> prohibited from contacting your child?

HEALTH DETAILS	
DOCTOR:	Phone no:
Are there any health issues we should be aware of? e.g. asthma, allergies, diabetes, epilepsy, hayfever, vision, hearing, speech, medication	

This information is to be kept by Karitane Primary School for use by the school in educating your child, and for associated school activities. It may be made available to the Board of Trustees as required. The school is sometimes obliged by law to give information to Government Departments (i.e. Ministry of Health, Public Health Nurse and Ministry of Education) but it will not otherwise be disclosed without your authorisation.

You have the right to access the information which the school holds about you and your child. Please advise the Principal of any change to the details supplied so that our records are up to date.

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_