## Imms Cert: NSN: ID Sighted: GLEN MASSEY SCHOOL ENROLMENT FORM In Zone/ Ballot

| NZ Citizen/Resident Yes / No                | Student Details<br>LEGAL FAMILY NAME: |
|---|---------------------------------------|
| ImmunisedYes / NoGENDER:Male/Female/Diverse | LEGAL FIRST NAMES:                    |
| PREVIOUS SCHOOL (if applicable)             | PREFERRED NAME:                       |
| <u></u>                                     | DATE OF BIRTH:/                       |
| Class/Year                                  | ADDRESS:                              |
|   | ETHNICITY: (up to 3):                 |
|   | IWI/HAPU (up to 3:                    |

| PARENTS/CAREGIVERS DETAILS                        |                |  |                              |
|---|----------------|--|------------------------------|
| TITLE FAMILY NAME                                 | FIRST NAME     | RELATIONSHIP TO CH                           | ILD OCCUPATION               |
|   |                |  |                              |
|   |                |  |                              |
| ADDRESS (if different to above):                  | Phone:         |  |                              |
|   | Email:         |  |                              |
| TITLE FAMILY NAME                                 | FIRST NAME     | RELATIONSHIP TO CH                           | ILD OCCUPATION               |
|   |                |  |                              |
| ADDRESS (if different to above):                  | Phone:         | · · · · · · · · · · · · · · · · · · ·        |                              |
| ADDRESS (il unter cht to above).                  | i none.        |  |                              |
|   | Email:         |  |                              |
| ALTERNATE EMERGENCY CONTACT:                      | Medications/M  | edical Information (including r              | egular or emergency meds):   |
| (not parents/caregivers)                          |                |  |                              |
| NAME:   |                | d details, turn over page if more space need |                              |
| PHONE:  | Sight Ok       | • • • • • •                                  | Ok for staff to administer   |
| THONE.  | Hearing Ok     | screening if required:                       | basic first aid if required: |
|   | Speech Ok      | ····· YES NO                                 | YES NO                       |
| SPECIAL NEEDS / OTHER INFO:                       |                |  |                              |
| (Complete details over page if more space require | d)             |  |                              |
|   |                |  |                              |
|   |                |  |                              |
|   |                |  |                              |
| OTHER PRE SCHOOL CHILDREN IN THE                  | FAMILV (to one | une our pro oppolment detabas                | a is accurate for staffing)  |
| OTHER <u>FRE SCHOOL</u> CHILDREN IN THE           | FAMILI (10 ens | sure our pre-enronment databas               | e is accurate for staring)   |
| Names:  |                |  |                              |
|   |                |  |                              |
|   |                |  |                              |
| Date of birth/s:                                  |                |  |                              |
|   |                |  |                              |
| CUSTODY ARRANGEMENTS/SHARED LIV                   | ING ARRANG     | EMENTS:                                      |                              |
|   |                |  |                              |
|   |                |  |                              |
|   |                |  |                              |
| Restricted Access: Yes / No                       | Copy of Cour   | t Order: Yes / No                            |                              |
|   | , <del></del>  |  | · 1 · · · ·                  |
| <b>REPORT TO ABSENT PARENT (newletters, </b>      |                |  | ct details over page)        |
| BUS REQUIRED Yes / No                             |                | SIGNED Parent/Caregiver:                     |                              |
| Route: In Zone / Out of Zone                      |                | Date:  |                              |

Information in this form may be viewed on request by any authorised person/s involved with the education and wellbeing of the student while he or she is enrolled at this school.

| OFFICE USE ONLY: Date Enrolled: | Roll/ID No: | Hero ID: | House: |
|---------------------------------|-------------|----------|--------|
|                                 |             |          |        |

NSN:\_

Imms Cert:

\_\_\_ ID Sighted: \_\_\_\_ NB: Glen Massey School takes a photo of the student for records/reports

## **Additional Notes**

## Medical notes/special needs etc. or any matters relating to your child that the school needs to be aware of:

Please complete any additional details here (Please include learning needs if considered relevant)

## **New Entrant Parents Please Complete**

Please detail your child's Preschool attendance for Ministry of Education records:

|                 | <u> </u> | hours per week |
|-----------------|----------|----------------|
| Kindergarten    |          |                |
| Day Care Centre |          |                |
| Kohanga Reo     |          |                |
| Play Centre     |          |                |
| Play Group      |          |                |
| Did Not Attend  |          |                |
| Other           |          |                |

Other.....

Did your child attend regularly for the last: (circle one)

6 months last year 2 years 3 years 4 years 5 or more years