



# Student Enrolment Form

## Student Details

Legal Surname:	
<i>Preferred Surname (If different from above):</i>	
Legal First Names:	
<i>Preferred First Name (If different from above):</i>	
Gender:	Male / Female <i>(please circle)</i>
Date of Birth:	
Address:	
Home Phone:	
Email: <i>(Parent)</i>	

### For Office Use Only

Student Enrolment No:	_____
Start Date:	_____
NSN:	_____
Birth Certificate/Passport:	<input type="checkbox"/>
Immunisation:	<input type="checkbox"/>
Dental:	<input type="checkbox"/>
H&V:	<input type="checkbox"/>
Year Level:	_____
Room:	_____
Visit 1: _____	Visit 2: _____
Principal Meeting:	_____
Assembly <input type="checkbox"/>	ENROL <input type="checkbox"/>

## Ethnic Background

Country of Birth:		NZ Residency: Yes/No <i>(please circle)</i>	
Ethnicity:	Iwi/Hapu:	Date Entered NZ:	
1.	1.	Permit Expiry:	
2.	2.	Home Language:	
3.	3.	2 <sup>nd</sup> Home Language:	

## Parents/Caregivers Details

Relationship to Child:	Lives With: <input type="checkbox"/>	Relationship to Child:	Lives With: <input type="checkbox"/>
Mr/Mrs/Ms <i>(please circle)</i>		Mr/Mrs/Ms <i>(please circle)</i>	
Surname:		Surname:	
First Name:		First Name:	
Address:		Address:	
Home #:		Home #:	Work #:
Work #:	Mobile #:	Mobile #:	Email:
Occupation:		Occupation:	
Ethnicity:		Ethnicity:	
Custody Issues? Yes/No/NA			
If yes, please supply details along with documentation:			
Court Order Issued: Yes/No/NA			

## Emergency Contacts *(Other than Parent/Caregiver)*

Name:	Name:
Relationship to Child:	Relationship to Child:
Home #:	Home #:
Mobile #:	Mobile #:

## Early Childhood Education

Was ECE attended?			
<input type="checkbox"/>	Yes, for the last ..... year/s.		
<input type="checkbox"/>	Not regularly, only occasionally or with no ongoing schedule.		
<input type="checkbox"/>	No, did not attend ECE		
Please tick up to three services your child attended and the number of hours per week or tick the appropriate box.	ECE 1 # Hrs per Wk	ECE 2 # Hrs per Wk	ECE 3 # Hrs per Wk
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
Correspondence School – Te Aho o Te Kura Pounamu			
Attended, but only outside of New Zealand			
Attended, but don't know what type of service			
Did not attend			

## Medical Information

Doctor:	Phone #:		
Has your child has a B4 School Check?                      Yes / No			
Does your child suffer from:			
Asthma:                      Yes/No	Diabetes:                      Yes/No	Allergies:	Other Medical Conditions:
Inhaler/Spacer:            Yes/No	Type:		
Medication Requirements:			

## Learning and Behaviour

Is your child receiving assistance from outside agencies i.e. RTLB, GSE?
Learning Behaviour Needs:
Other information/requests: <i>(attach further information as required)</i>

## Student Absence Notification

The Ministry of Education requires notification and a reason for any absence. You can either notify the school office by:

Phoning: 09 483 7615 ext 1 and leave a message  
 Email: [reception@beachhaven.school.nz](mailto:reception@beachhaven.school.nz)  
 Website: [www.beachhaven.school.nz](http://www.beachhaven.school.nz)

If we do not receive notification from you we will either phone a landline, text or email. Could you please indicate below the best way to communicate with you:

- Landline – preferred landline #: .....
- Text – preferred mobile #: .....
- Email – preferred email address: .....

If we are unable to contact you this information will be passed to our Truancy Officer.

## Other Information

Date First Started Primary School:	Previous School:	Yr Level:
Names of member of the family likely to attend in the future:		
1.	DOB:	
2.	DOB:	
3.	DOB:	

### Privacy:

I understand the information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes:

- Enrolling your child at school
- Assessing the needs of your child and ensuring that education services and resources in respect of your child are provided to the school.
- Information collected may be disclosed to education and health sector agencies.
- Your child's legal name/alias, DOB, Current Address & Ethnicity is sent to the MOE as a matter of course, to be entered into the national student database.

### Consent:

- I agree that the Health Nurse check my child at school if needed
- I agree for my child's photograph to be used for the school website/blogs, newsletter or other publicity material.
- I give my child permission to go on trips within the local area (i.e. shops, Shepherds park).

I signing below you confirm that all the information provided in this form is truthful and correct to the best of your knowledge and that you have understood and consent to the above listed items.

Name: .....

Signed: ..... Date: .....