



Rotokawa Enrolment Form

Office Use Only

Start Date _____ NSN Number _____ Class Number _____ Teacher Initials _____

Child Information

Year Level Year 0 Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

First Name/s: _____

Surname: _____

Preferred First Name: _____

Preferred Surname: _____

Date of Birth: _____

Birth certificate copied Y N

Home Address: _____

_____ Post Code: _____

Languages spoken by child/family: _____

Ethnicity: If your child was born in NZ a copy of a Birth Certificate or Passport must be attached.

If your child was not born in NZ a copy of a passport and a visa must be attached.

Tick multiple boxes if necessary:

NZ Māori Hapū/Iwi _____
Ngāti Whakaue Affiliated _____ YES/NO

Pacific Island Please State _____

NZ European

Other Please State _____

Education:

Was ECE attended: Yes No Number of hours per week: _____ Name of ECE Centre: _____

Previous School attended: _____ Town: _____

Student lives with:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/>
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If there are any documents concerning custody, access or protection orders we require copies for our records. We are unable to uphold verbal instructions without legal documentation of the file.

Parent/Caregiver Information			
Caregiver One		Caregiver Two	
Title		Title	
Surname		Surname	
Firstname		Firstname	
Street Address		Street Address	
Suburb		Suburb	
City		City	
Post Code		Post Code	
Cellphone		Cellphone	
Email		Email	
Work Phone		Work Phone	
Relationship to student		Relationship to student	

Sibling Information

Number of children in the family: _____

Names of other siblings who attend Rotokawa Primary: _____

Names of other relations who attend Rotokawa Primary: _____ Relationship: _____

Names of siblings who may attend Rotokawa in the future _____

Emergency Contacts – other than above, able to collect your child if necessary)

Name _____ Contact Number _____

Relationship to child _____

Name _____ Contact Number _____

Relationship child _____

Health Information

B4School check completed

Is your child immunised? Yes No Certificate sighted and copied

Current Health Conditions:

Medication Required: _____

Allergies: _____

Treatment: _____

Health plan in place at school (Copy attached) Yes No

Declaration

I/We also agree to the following:

- 1) Requesting relevant information from other early childhood providers/schools for enrolment/support purposes
- 2) Forwarding relevant information to another school for enrolment/support purposes
- 3) Using information for statistical purposes
- 4) Using our child's name, photo and school work on the school website and other school publications including social media and groups/organisations working directly with Rotokawa School.. A full student information consent policy is available on request.
- 5) I/We agree to our child complying with all school rules and policies including attendance, extra-curricular/sports fees
- 6) To pay any fees or levies set, and for any careless damage of school property
- 7) I agree that any information can be obtained and disclosed under the Privacy Act 1993

Parent/Caregiver Signed _____ Dated _____

Parent/Caregiver Signed _____ Dated _____