

**Papatoetoe Central School
Pre Enrolment Form**

STUDENT DETAILS

Full Legal Family Name		Full Legal First Names	
Preferred Name		Date of Birth	
Gender (tick one)	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>	Home Language
Ethnicity (Up to three)			
Country of Birth			
Home Address			Home phone no. ☎
Date entered NZ			Visa expiry date
Last School Attended			Year Level
IWI (Up to three)			
Custodial/Access Details			Court Orders Supplied YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child been involved with other agencies? (Special Ed, CYFs, Speech Therapy, RTLB, Early Intervention etc)			

EARLY CHILDHOOD CENTRE ATTENDED

Did your child attend one or more Early Childhood Education service(s) in the six months prior to school? Please complete the table below for last service(s) attended.

1. If your child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

		Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a.	Kohanga 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			
g.	Attended, but 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 your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means your 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 _____ weeks, months, years (please circle one)
 Not regularly, only occasionally with no on-going schedule.
 No, did not attend Early Childhood Education.

FATHER / CAREGIVER DETAILS

Child lives with	Both Parents Father Mother Caregiver – Relationship to child:-		
Father / Caregiver's Family name		First names	
Address		Home phone no. ☎	
		Mobile phone no. ☎	
Occupation		Work phone no. ☎	
Work place & Address			
Date entered NZ		Visa expiry date	
Country of Birth		Home Language	
Email address			

MOTHER / CAREGIVER DETAILS

Mother/Caregiver's Family name		First name	
Address		Home phone no. ☎	
		Mobile phone no. ☎	
Occupation		Work phone no. ☎	
Work Place & Address			
Date entered NZ		Visa expiry date	
Country of Birth		Home Language	
Email address			

EMERGENCY CONTACT (Other than those listed on front page)

Someone who speaks your own language and English

Family Name		First name	
Relationship to student			
Home phone no. ☎		Mobile phone no. ☎	

YOUNGER BROTHERS OR SISTERS

Family Name		First Name		Male / Female	DOB	
Family Name		First Name		Male / Female	DOB	

MEDICAL

Doctor		Doctor's phone no.	
Allergies		Speech	
Medication		Sight	
Serious Health Problems		Hearing	
I / We give permission for the office to give my child pain relief (eg Panadol) if considered necessary YES / NO			

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding on of this information when my child transfers to another school.

I / We further approve of the forwarding of my child's name & address on request to a potential next school. I give permission for the school to sanction any required medical treatment and agree to abide by the Board of Trustees policies.

Statement by the School: Completion of this form does not guarantee enrolment in the school. Entitlement to enrol depends on the information provided being correct and valid on the date of entry.

Statement by Parents / Caregivers: We acknowledge that this information has been provided to enable the school to consider enrolment of our child.

I / We confirm that all information provided is true and correct in all instances.

I / We agree to remove our child from the school if his/her enrolment has been made on the basis of any misleading information.

I / We will immediately notify the school of any change of address.

Signed		Date	
Print Name			