



Enrolment Form

**Wakari School children -
Happy, confident learners**

NSN:	Enrolment No.
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FAMILY INFORMATION

Family Name	Boy/Girl	Birth Date	/	/	20
First Name/s	Intended start date: / /20				
Preferred Name	Eldest at Wakari	Yes / No			
Address:	Previous School and Address:				
Postcode:					
Phone Number:					
Previous Year level:					

MOTHER / GUARDIAN

Name	Home Phone
Home Address	Work Phone
Email address:	Mobile phone

FATHER / GUARDIAN

Name	Home Phone
Home Address	Work Phone
Email address:	Mobile phone

EMERGENCY CONTACTS (other than those listed above)

Name	Name
Phone	Phone
Mobile phone	Mobile phone
Relationship	Relationship

CUSTODY ISSUES

Are there any custody issues that we need to be aware of? Yes / No

If Yes, please attach details of any custody or parenting orders

ETHNIC GROUP

Mother _____ Father _____ Home Language _____

Child's Ethnicity: _____ (1) _____ (2)

Iwi affiliation
Please enter the name of your child's iwi (up to 3) _____
(If your child is Maori, but you do not know the name of your iwi, please enter "don't know" above)

Child's Country of Birth _____ Date of arrival in NZ: _____

Passport Status: (please circle where applicable) visitor resident citizenship visa other

CHILD'S INTERESTS

Hobbies/Interests/Other Information

SIBLINGS

Names of Members of Family likely to be attending the School in the future	1.	Birthdate	/	/
	2.	Birthdate	/	/
	3.	Birthdate	/	/

HEALTH INFORMATION

Doctor's Name _____ Address _____
Phone _____

Known Medical Conditions

Including disabilities (sight, speech, hearing), illness (mention hospitalisation if significant)

Action that may need to be taken at School from time to time, including any restrictions on child's activities:

Health Plan attached : Yes / No / Not Required

I agree to school staff administering PANADOL and/or an ASTHMA INHALER to my child when or if required.

Parent Signature..... Date.....

Privacy of Information and Consent

- I understand that, where necessary, the School will take action on my behalf in case of injury or sudden illness.
- I / we give consent to Wakari School to display our child's name in the school newsletter and/or website.
- I / we give permission for my / our child to attend class trips or shows outside of the school.
- I authorise the forwarding and/or discussion of information about my child to the next school (s)he will attend.

Signature: _____

Date _____

OFFICE USE ONLY

<input type="checkbox"/> Birth Certificate copied (5 yrs only)	<input type="checkbox"/> Enrolment Number
<input type="checkbox"/> Immunisation Certificate - copied	<input type="checkbox"/> Register
<input type="checkbox"/> Visa Status approved	<input type="checkbox"/> Room
<input type="checkbox"/> Nitbuster / Cyber Safety	<input type="checkbox"/> Class List
<input type="checkbox"/> Vistab	<input type="checkbox"/> Computer File
<input type="checkbox"/> Progress Card	<input type="checkbox"/> / /20 Date of Entry

This information is collected for use at Wakari School. It is important that our information is updated as necessary. Please forward any changes to the School Office. You are entitled to a copy of the information that you provide on this form.