



# WAIWERA SOUTH SCHOOL

## ENROLMENT FORM

### STUDENT DETAILS:

|  |  |
|--|--|
| <b>Surname:</b>  |  |
| <b>First Names:</b>  |  |
| <b>Preferred First Name:</b>   |  |
| <b>Gender:</b><br><i>(circle one)</i>  | Male                  Female   |
| <b>Date of birth:</b><br><i>(Ministry requirement: copy of birth certificate/passport must be attached)</i>    |  |
| <b>Address:</b><br><b>Suburb:</b><br><b>Town:</b><br><b>Postcode:</b>  |  |
| <b>Home Phone Number:</b>  |  |
| <b>Start Date:</b>   |  |
| <b>Ethnicity (statistical)</b><br>With which of the following ethnic group(s) do you identify? (please circle) | <p>New Zealand European</p> <p>New Zealand Maori<br/><i>(state iwi)</i></p> <p>Pacific Islands <i>(state which nation)</i></p> <p>Asian <i>(please identify)</i></p> <p>Other European <i>(please identify)</i></p> <p>Other (specify) .....</p> |

|  |   |    |     |
|--|---|----|-----|
| <p><b>School currently attending:</b><br/>(or last attended)</p> <p><b>Year Level:</b></p> |   |    |     |
| <p><b>Pre-school attended/frequency:</b><br/>(hours per week)</p>                          |   |    |     |
| <p><b>Pre-School attendance:</b><br/>(years or months)</p>                                 |   |    |     |
| <p><b>Country of Birth:</b></p>  |   |    |     |
| <p><b>New Zealand Citizen?</b></p>   | Yes   | No |     |
| <p><b>Permanent Resident Status</b><br/>(circle one)</p>                                   | Yes   | No | N/A |
| <p><b>Student in NZ on a Student Visa:</b><br/>(please circle one)</p>                     | Yes   | No | N/A |
| <p><b>Language spoken at home:</b></p>   | Expiry Date.....  |    |     |
| <p><b>Siblings:</b></p>  | <p>Name: .....</p> <p>DoB:.....</p> <p>School/Preschool attending:.....</p> <p>Name: .....</p> <p>DoB:.....</p> <p>School/Preschool attending:.....</p> <p>Name: .....</p> <p>DoB:.....</p> <p>School/Preschool attending:.....</p> |    |     |

## CAREGIVER 1:

|   |                              |
|---|------------------------------|
| <b>Name:</b>  |                              |
| <b>Relationship to pupil:</b><br><i>(include guardianship status if applicable)</i> |                              |
| <b>Address:</b><br><i>(leave blank if same as pupil)</i>                            |                              |
| <b>Phone contact details:</b>   | Home:<br>Work:<br>Cellphone: |
| <b>Email Address:</b>   |                              |

## CAREGIVER 2:

|   |                              |
|---|------------------------------|
| <b>Name:</b>  |                              |
| <b>Relationship to pupil:</b><br><i>(include guardianship status if applicable)</i> |                              |
| <b>Address:</b><br><i>(leave blank if same as pupil)</i>                            |                              |
| <b>Phone contact details:</b>   | Home:<br>Work:<br>Cellphone: |
| <b>Email Address:</b>   |                              |

## EMERGENCY CONTACT:

|                               |  |
|-------------------------------|--|
| <b>Name:</b>                  |  |
| <b>Home Phone:</b>            |  |
| <b>Cellphone:</b>             |  |
| <b>Relationship to pupil:</b> |  |

## HEALTH / MEDICAL & ARRANGEMENTS:

|   |  |
|---|--|
| <b>Name of Pupil's Doctor<br/>Phone</b><br><i>(please attach immunisation certificate)</i>  |  |
| <b>Custody/access arrangements<br/>about which the school should be<br/>aware</b>   |  |
| <b>Any medical conditions, health<br/>matters or disability about which<br/>the school should be aware</b><br><br><b>Panadol / Pamol Approved?</b><br>(this is giving the school permission to give<br>pain relief to the student, if required) | Panadol:    Y    N                      Pamol:    Y    N |