

Other Information

Does your child have any special interests/hobbies, e.g. Sports, drama, etc?

Other Details

Learning & Behavioural Needs:

Special Needs (background/funding) eg ESOL, ORRS:

Other Information/Requests:

Names of members of the family likely to be attending this school in the future:

1. _____ DOB ___/___/_____
2. _____ DOB ___/___/_____
3. _____ DOB ___/___/_____

Signed _____ **Date** _____

OFFICE USE ONLY

Year _____ Room _____ Teacher _____

Enrolment Number _____ Date of Entry _____

- | | |
|--|---|
| <input type="checkbox"/> Online Publication Completed | <input type="checkbox"/> Birth Certificate/Passport Sighted |
| <input type="checkbox"/> Acceptable Internet Use Completed | <input type="checkbox"/> Immunisation Certificate Verified |
| <input type="checkbox"/> WDHB Consent Completed | <input type="checkbox"/> Entered in Etap |
| <input type="checkbox"/> Dental Consent Completed | <input type="checkbox"/> Entered in Enrol |



TAPORA SCHOOL

ENROLMENT FORM

PRIVACY OF INFORMATION

**I agree to Tapora School collecting personal information on the child
I named in this enrolment form.**

I understand that the information I provide will be used for:

- Student Records
- Accounting Purposes of Tapora School
- Dental Health Purposes

I accept that this information may be later used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I agree that the academic record may be passed on to any subsequent school that he/she attends

I understand that the information I provide will be held at the office of Tapora School whose address is RD 7 Wellsford.

I am aware that I have the right to access, and correct this information.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Signed: _____ **Date:** _____

Parent/Legal Guardian

Pupil Details

Family Name/s: _____

(as on Birth Certificate)

First Name/s: _____

(as on Birth Certificate)

Preferred Name: _____

Date of Birth: ____ / ____ / ____ **Boy / Girl**

Address: _____

Phone No: _____ **Mobile:** _____

Fax No: _____ **Email:** _____

Eldest Child at this school: Yes/No **Place in family** ____ of ____

Parent/Caregiver Details

Title	Family Name	First Name	Relationship to child
_____	_____	_____	_____

Residential address: _____

(if different from pupil)

Occupation: _____ **Shift Hours:** _____

Phone Nos - Home: _____ **Work:** _____ **Mobile:** _____

Title	Family Name	First Name	Relationship to child
_____	_____	_____	_____

Residential address: _____

(if different from pupil)

Occupation: _____ **Shift Hours:** _____

Phone Nos - Home: _____ **Work:** _____ **Mobile:** _____

Child lives with: _____

Name/s of Legal Guardian/s: _____

Custody/Access Arrangements (attach separate sheet if more space is required)

Court Order Issued Yes / No / NA

School Details

Previous School: _____ **Previous Class/Year:** _____

Preschool: Playgroup / Kindergarten / Kohanga Reo / None

Hours Attended (per week): _____

Has your child ever been stood down, suspended or expelled? Yes/No

Ethnic Background

Ethnic Group Child relates to:

European/Pakeha NZ Maori Iwi: _____

Cook Island Maori Pacific Islands: _____

Asian: _____

Other (please specify): _____

Country of Birth: _____ **Home Language:** _____

Date of Entry to NZ ____ / ____ / ____ **NZ Residency/Citizenship (if no enter details)**

Medical Information

Doctor: _____ **Ph No:** _____

Does your child have:

Asthma Inhaler Required Yes/No

Diabetes Food Allergies _____

Toileting Problems Sting Allergies _____

Other _____

Medication to be taken at school Yes/No

List medications and reason for: _____

I undertake to provide my child's immunisation record Yes/No

I give permission for Panadol to be administered if required Yes/No

Do you wish your child to participate in Religious Instruction Yes/No

I am willing to have my phone number published in the Tapora Phone List Yes/No

