

## Application for School Enrolment

Tena koutou e te whanau, he mihi nui ki a koutou katoa.			
OFFICE USE ONLY	Start Date:	School Visit Dates:	
Teacher/Room:		Year Level:	Enrolment complete <input type="checkbox"/>
Students email:		NSN:	House:

*Please fill in both sides of this form and return to the school office, complete with original documentation listed in the checklist below.*

Student Details			
Legal Surname		Identification Type	
Preferred Surname		Identification Number	
Legal First Names		Type of Visa	
Preferred First Names		Expiry date of current visa	
Gender		Date of Entry of NZ	
Date of Birth		Visa Serial Number	
Ethnicity (If Maori Indicate iwi)		Name of Early Childhood Centre Attended	
First Language Spoken		Name of Previous School	
Languages most commonly used at home		Names of Siblings Attending PDS	
Country of Birth		Names of siblings previously attended PDS	
Custodial/Access Details:			Court order copied yes/no

Parent/Caregiver Details			
Caregiver 1 Family Name		Phone (Home)	
First Name		Phone (mobile)	
Relationship to student		Phone (work)	
Email Address		Place of Birth (passport sighted if overseas)	
Permanent Residential Address and post code		Occupation	
Caregiver 2 Family Name		Phone (Home)	
First Name		Phone (mobile)	
Relationship to student		Phone (work)	
Email Address		Place of Birth (passport sighted if overseas)	
Permanent Residential Address and post code		Occupation	

**Emergency Contact Details**

*In the event that we are unable to contact you, please provide the names of two people we can call to act on your behalf with regard to the welfare of your child. These contacts cannot be the students' parents/caregivers.*

	Emergency Contact 1	Emergency Contact 2
Family Name		
First Name		
Phone Home		
Phone Mobile		
Phone Work		
Relationship to student		

**Medical Details**

Family Doctor	Phone
<p>In the event of illness, accident or emergency, the school will use all possible means to contact parent/s, caregiver/s or any other emergency contacts that I have detailed on this form. In the event that contact cannot be made and urgent medical attention is required, I agree to allow the school to take the necessary steps to ensure that appropriate treatment is provided for the student.</p> <p><b>I give permission for school staff to administer paracetamol if necessary (circle) Yes / No</b></p> <p><b>Please indicate any medical issues the school needs to know about. E.g. hearing, sight, speech, allergies</b></p>	
Medication (if applicable):	
Allergies and response (if applicable)	

**Learning Information**

English Language Support given previously Yes / No	Teacher Aide support given previously Yes / No
<p><b>Has your child been involved with other agencies?</b></p> <p>Special Education / Oranga Tamariki / Kari Centre / Speech Therapy / RTLB / RTLIT / Early Intervention / Other</p>	

**Privacy**

<p>The personal information provided in this enrolment form will be used for school management purposes only and to fulfil the school's legal requirements. At times the school will publish student names and photographs in the school newsletter and on the school website/Facebook page to commend achievement or for participation in school events.</p> <p><b>I give permission for the publishing of my child's name or photograph on the school website, Facebook page and in the newsletter</b> Yes / No</p> <p><b>If local media visit, I give permission for my child's name or photograph to be published in the newspaper</b> Yes / No</p>
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By enrolling a student at Panmure District School, parents/caregivers and students accept and abide by all School Policies that govern and manage all aspects of the school. I verify that this enrolment form is true and accurate. I will inform the school if there are any changes to details on this enrolment form.

Parent/caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Additional Information

This information is used to help us understand your child's needs. Whilst completion is optional, the more you are able to tell us, the better we are able to understand your child and meet their educational needs.

First Name:		Last Name:	
What is your child good at and do they have particular talents?			
Academic			
Social			
Sports/Cultural/Arts			
Other			
Do you have any concerns about your child?			
Academic			
Social			
Sports/Cultural/Arts			
Other			
What are your child's interests:			
What would you like to see your child achieve while they are at Panmure District School?			
Why did you choose Panmure District School for your child?			

Family Background	
What religion does your child follow?	
What special ceremonies does your family celebrate?	
Is there any food your child isn't allowed to eat?	
Any other information?	
Previous Schooling	
How old was your child when he/she started school?	
Name of the last school/Early childhood Provider	
Town/city/country	
Duration	
Languages	
What language /languages do you speak at home?	
What language does your child learn best in?	
In School Help	
At times we need additional support with school trips, cultural activities and events	
Are you able to come into school and help?	Yes / No
Please tell us how you might be able to help? (E.g. running a sports group, arts group, culture group, career advice, in class reading, school trips)	