

Enrolment Form for Regular Students

Tahuna Normal Intermediate

Personal Information:

NB: Grey Areas are for office administration only

Last Name	First Name(s)	Preferred Name	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	City	No. in Family	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address if different from above			Eldest Only	
<input type="text"/>			<input type="text"/>	
Phone	Confidential Cell Phone	Fax Number	Email Address	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment Information:

Start Date	Enrolment Number	Year	Room	Date Entered NZ	Fee for Foreign Studen	Country of Origin	Access Internet
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PreSchool	Date First Started School	Previous School	Bus Name	Kms	In Zone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Ethnicity and Language:

Father's Ethnicity	Mother's Ethnicity	First Language	Religion	Religious Instruction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Details:

Doctor's Name	Address/Phone	Medical Notes/Medication/Disability Informati							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Dentist's Name	Address/Phone								
<input type="text"/>	<input type="text"/>								
Shown Certificate	Hepatitis	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accounts Sent To:

Name	Address	Suburb	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Caregiver:

Relationship To Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	City	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Caregiver:

Relationship To Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	City	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Emergency Contacts:

Name	Relationship to Child	Address	City	Telephone

Name	Relationship to Child	Address	City	Telephone

Name	Relationship to Child	Address	City	Telephone

Future Family Members Likely to Attend This School:

Name	Age	Gender	Date of Birth

Name	Age	Gender	Date of Birth

Name	Age	Gender	Date of Birth

Family Members who have attended or are currently attending This School:

Name	Last Year Attended	Gender	Room	Year

Name	Last Year Attended	Gender	Room	Year

Name	Last Year Attended	Gender	Room	Year

Extra Copy of School Report To:

Extra Copy of School Newsletter To:

Names of Legal Guardians:

Custody Arrangements/Access Restrictions:

Extra Student Notes/Information:

Students Iwi Affiliations - Please list up to 3 Iwi Affiliations separated by a comma

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 of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

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.

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(Parent's Signature)