

STUDENT	Legal Name <i>(Surname & First Names)</i>		
	Preferred Name <i>(Surname & First Name)</i>		
	Boy/Girl	Date of Birth	Class/Year Level
	Place in family	out of	Ethnicity
	Previous School		
	Iwi 1.	2.	3.
	Address Physical <i>(Must include rapid number for rural address)</i>		
	Postal Address		
	Phone	Emergency Name/Phone	
	Email	Newsletters Yes/No	
Tutor Group Affiliation <i>Lumley/Martyn/Watt/Williamson</i>			

PARENTS/CAREGIVERS	Parent/Caregiver		Relationship
			Student Living With Yes/No
			Copy Report Yes/No
	Work Phone	Cell Phone	
	Parent/Caregiver		Relationship
			Student Living With Yes/No
			Copy Report Yes/No
	Work Phone	Cell Phone	
	Parent/Caregiver		Relationship
			Student Living With Yes/No
		Copy Report Yes/No	
Work Phone		Cell Phone	

HEALTH	Health (<i>Allergies/Ailments</i>)		
	Sight/Speech/Hearing		
LEARNING & BEHAVIOUR	I consent to my child's vision & hearing being tested Yes/No		
	Learning & Behaviour Needs		
	Specialist Needs/Resourcing/Agencies		
	Other Information		

EARLY CHILDHOOD EDUCATION (ECE)	Was Early Childhood Education attended			
	<input type="checkbox"/> Yes, for the last _____ years			
	<input type="checkbox"/> Not regularly, only occasionally or no ongoing schedule			
	<input type="checkbox"/> No, did not attend			
	Did your child attend an ECE service in the 6 months prior to starting school			
	Yes/No			
	Please enter the number of hours per Week for up to three services	ECE 1 (Hrs/Wks)	ECE 2 (Hrs/Wks)	ECE 3 (Hrs/Wks)
	a) Kohanga Reo			
	b) Playcentre			
	c) Kindergarten or Education & Care Centre			
	d) Home based service			
	e) Playgroup			
	f) Correspondence Sch –Te Aho o Te Kura Pounamu			
	g) Attended but only outside NZ			
	h) Attended, but don't know type of service			
i) Did not attend				
j) Unable to establish if attended or not				

PARENT HELP	We have an open door policy at school. We encourage parents/caregivers to come and see what their children are doing In class
	Would you like to help in class? Yes/No
	Are you able to help with swimming? Yes/No
	Do you have any special abilities that you would like to share with our students?

PRIVACY APPROVAL	Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of this information held by the school on your child. The record made from this information may be views on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the New Zealand Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized by law.
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1. I/We agree to abide by the expectations of the school and will meet the other requirements as set down in the current prospectus. 2. I/We agree to Whangamata Area School requesting school records and other relevant information from the previous school . 3. I/We agree that my child's name, writing or photo may appear on the school Website or in school or local publications.
Signed _____ Date _____

<u>School Use Only</u>		Classification		Room/Teacher
Reg. Number				
Before School Check Yes/No	Birth Certificate /Passport <input type="checkbox"/> <i>(Copy Attached & Proof of Residency if required)</i>	Start date	Immunisation Certificate <input type="checkbox"/>	
Entered Enrol Kamar <input type="checkbox"/>	Copy to A.P./Teacher/Library /Dental Nurse <input type="checkbox"/>		Internet Form Signed/Returned	



Year 0 – 6

Enrolment