Pukekawa School Enrolment Form





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Full Legal Name:			
Surname:			
First Names:			
Preferred Name:			
Address:			
Street:			
City:			
Postcode:			
Phone:			
Date of Birth: //			
Gender: □ Male □ Female			
Present School/Early Child Current Year:			
Student Lives with:			
□ Both Parents			
□ Mother			
□ Father			
\square Other (please specify): _			
Do both parents have legal ☐ Yes ☐ No (If No, please p			
☐ Parent/Caregiver Detail	s 🖫		
Mother/Caregiver:			
Title: \Box Dr \Box Mrs \Box Ms \Box	Miss		
Name:			
Address:			
Language Spoken:			
		Mobile:	
Email:			
Country of Birth:			
Occupation:			

Father/Caregiver:		
Title: □ Mr □ Dr		
Name:		
Address:		
Language Spoken:		
Phone: Home: Work:	Mobile:	
Email:		
Country of Birth:		
Occupation:		
## Emergency Contacts ##		
Contact 1:		
Name:		
Phone:		
Mobile:		
Relationship with child:		
Contact 2:		
Name:		
Phone:		
Mobile:		
Relationship with child:		
Doctor:		
Name:		
Practice:		
Address:		
Phone:		
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Cibinigs Cibinigs		
Name:		
Date of Birth: //		
N 1		
Name:		
Date of Birth: //		
Name:		
Date of Birth: //		
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Office Use Only			
Date Received: //	Medical Alert:		
NSN:			
Entry Date: //			
Year Level:			
Room:			
House:			
Medical/Learning Support			
Has your child received learning support at $\hfill\Box$ Yes $\hfill\Box$ No	school?		
If yes, please tick the type of support:			
□ Reading Recovery	□ RTLB		
□ ESOL	□ Teacher Aide		
□ ORRS			
□ Other (Please explain):			
Does your child have any health, learning, of Please state below and provide any relevant d	• •		
Please indicate if your child is affected by an	y of the following:		
□ ADHD	□ Diabetes		
☐ Allergy to Bee Stings	□ Eczema		
□ Asthma	□ Fits/turns		
□ Inhaler Required	□ Food Allergies		
□ Epilepsy			
☐ Other:			
Current Medication:			
Severity:			
□ Low risk	□ Contact parents		
□ Moderate risk	☐ Emergency care required		
Is your child fully immunised? ☐ Yes ☐ No			

In an emergency, I give permission for Pukekawa School to call an ambulance or transport my child by private vehicle to the nearest Accident and Emergency if they have been unable to notify myself or emergency contacts.				
Ethnic Background				
 □ NZ European □ Australian □ British/Irish □ Samoan □ Indian 	□ Tongan□ Chinese□ African□ Middle Eastern			
□ Other (please state): □ NZ Maori (Iwi:				
NZ Citizen: Yes No Country of Birth: Date of Entry to NZ: // Visa Expiry Date: // What is your child's first language What is their present level of Eng No spoken English A little English Good English	?			
Early Childhood Education Partic	cipation 쳝			
Please complete the table below for	the last service(s) attended:			
Service 1 Kohanga Reo: hours/week Playcentre: hours/week Kindergarten or Education/Care Cen Home-based service: hours/ Playgroup: hours/week The Correspondence School - Te Ah				
□ Did not attend□ Attended outside NZ				
How many years did your child attend Farly Childhood Education?				

V Enrolment Checklist V
Please supply the following documents with your enrolment, otherwise, the enrolment cannot be accepted: ☐ Completed Enrolment Form
☐ Completed Enformed Form ☐ Child's original Birth Certificate or Passport
☐ Immunisation Certificate
☐ Bus code of Conduct (If you intend on using the bus)
Occasionally we use names and photographs of students involved in school activities on our website, newsletter, and newspaper articles. If you do not wish your child's name or photo to be used, please tick the box below.
\square I do NOT wish my child's name or photo to be used.
□ I agree to abide by Pukekawa School's policy that every child should wear the official Pukekawa School Uniform.
Privacy Statement: I understand that the information in this form is essential information the school holds on my child. I approve the forwarding of information when my child transfers to another school, including name and address on request to a potential Intermediate or Secondary School, the School Denta Service, Public Health Nurse, and also my telephone number and address to be made available to the PTA and BOT as required. I will do my best to ensure that my child complies with School Regulations and Policies. I understand that the school will act on my behalf in case of sudden illness or injury.
Signature:
Date: //
Please email this Enrolment Form to office@pukekawa.school.nz or feel free to drop your
Enrolment form into the school office - We will be in touch once we have received.

Thank you