

SUNNYBRAE NORMAL SCHOOL ENROLMENT FORM



NSN _____

Enrolment No. _____

STUDENT DETAILS

Legal Surname:	Child's Legal Names (and preferred first name):	
Gender: Male / Female	Date of Birth:	Place in family:
Home Address:		
Previous School and Year Level:		
Or if a new entrant, please complete the attached <i>Early Childhood Education Participation</i> sheet		
<u>Future Attendees:</u>		
Name:	DOB:	Male / Female
Name:	DOB:	Male / Female

FAMILY DETAILS

<u>Mother's name</u> (or caregiver's): Mrs / Ms / Miss		
Address: (only if different from student):		
Mother's home phone	Mother's mobile phone	Mother's work phone
Mother's Occupation:		
<u>Father's name</u> (or caregiver's)		
Address: (only if different from student):		
Father's home phone	Father's mobile phone	Father's work phone
Father's Occupation:		
Child lives with: (circle)	both parents	Mother Father Caregiver
<u>Other information</u>		
Ethnicity: _____	Date entered New Zealand: _____	
First language: _____	If Maori/part Maori which iwi (s) _____	
Are there any custody arrangements or restricted access? _____		
Does your child have any special abilities/talents? _____		
Does your child have any learning difficulties? _____		
Does your child have any behavioural difficulties? _____		

MEDICAL:

Does your child have any allergies or medical conditions we need to know about? Yes / No

If yes, please give details:

Please note: should medication need to be administered at school you are required to provide written consent to the school office (this includes asthma inhalers).

Immunisation: Under the Health (Immunisation) Regulations 1995 primary schools must keep a register recording the immunisation status of all enrolled children. The school needs to sight your child's immunisation certificate:

Date sighted: _____

Fully immunised

Partly immunised

Never immunised

Emergency Contact (other than parents):

Name:

Friend or relative

Home phone:

Mobile phone:

Work phone:

School Website Permission: I authorise that my child's schoolwork and/or photo may be used on the school website or in school publications. I understand that only first names are used on the website.

Signature: _____

Date: _____

Home email address: _____

School Newsletter: This is issued each Monday and is emailed to you at home and/or work. Alternative email address for newsletters (e.g. at work): _____

Declaration:

- 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 school.
- I agree to abide by all Board of Trustees policies.
- I give authority to the Principal to act on my / our behalf in any medical emergency.

Name of parent/caregiver signing: _____

Signature: _____

Date: _____

SCHOOL USE ONLY

Date starting at Sunnybrae Normal School:

Year Level:

Room No:

Teacher: