

OFFICE USE

Room: _____ Year: _____ Teacher: _____

Date Started at Onerahi: _____ School Number: _____

NSN Number: _____ Date Data Entered: _____

Please attach the following items:

 Birth Certificate Immunisation Certificate Passport (as required)**Onerahi School Enrolment Form****CHILD'S DETAILS**

First Names: _____ Preferred First Name: _____

Legal Surname: _____ Preferred Surname: _____

Date of Birth: _____ Gender: Male/Female/Gender Diverse

Current Year Level or New Entrant: _____ Previous School: _____

Country of Citizenship: _____ Ethnicity/s: _____

First Language: _____

If Maori, Iwi/Hapu: 1 _____ 2 _____

Child Lives with: _____ Place in Family: _____ of _____

Siblings currently enrolled at Onerahi School: _____

PARENT / CAREGIVER DETAILS**1st Parent/Caregiver**

First Name: _____ Surname: _____

Relationship to Student: _____ Place of Work: _____

Residential Address: _____

Postal Address (if different): _____

Phone Home: _____ Phone Work: _____

Mobile: _____ Email Address: _____

2nd Parent/Caregiver

First Name: _____ Surname: _____

Relationship to Student: _____ Place of Work: _____

Residential Address: _____

Postal Address (if different): _____

Phone Home: _____ Phone Work: _____

Mobile: _____ Email Address: _____

EMERGENCY CONTACTS / ADDITIONAL CAREGIVERS - In case parents cannot be contacted

1. **First Name:** _____ Surname: _____

Relationship to Child: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

2. **First Name:** _____ Surname: _____

Relationship to Child: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Important Information - Please fill this in where applicable

CUSTODY OR ACCESS CONDITIONS (attach further information as required)

Details: _____ Court Order: Yes **OR** No

MEDICAL INFORMATION (Attach further information as required)

Doctor: _____ Phone: _____

Are there any health conditions we need to be aware of? Yes **OR** No Action Plan: Yes **OR** No

Details: _____

Speech: _____ Hearing: _____ Sight: _____

Page 2 of 3

Allergies: _____

Medication: _____

Other: _____

Important Information - Please attach a copy of immunisation records

Is your Child Immunised? Yes OR No? Fully OR Partially Certificate Attached: Yes OR No

SPECIAL NEEDS

Learning: _____ Behavioural: _____

Specialist Needs/Resourcing/Agencies: _____

EARLY CHILDHOOD EDUCATION (ECE) ATTENDED

Kindergarten or Education and Care Centre Not Attended Kohanga Reo Playcentre

Home Based Service Playgroup Attended, but only Overseas

ECE type and Name : _____ How many: _____ years

How many hours per week: _____

SIBLINGS WHO MAY ATTEND THIS SCHOOL IN FUTURE

Name: _____ D.O.B: _____ Male OR Female

Name: _____ D.O.B: _____ Male OR Female

Name: _____ D.O.B: _____ Male OR Female

FOREIGN STUDENTS

If your child was not born in New Zealand please supply their Birth Certificate, Passport and Residency Permit.

SIGNED: _____ **DATE:** _____

