

**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: \_\_\_\_\_

Do you consent to a Vision and Hearing test from Te Whatu Ora? Yes  No

**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:** \_\_\_\_\_