



Enrolment Form

Kia ora and welcome to **Kawakawa Primary School**.

Please read the instructions below carefully before you complete this Enrolment form.

INSTRUCTIONS

The purpose of this enrolment form is to obtain from you the information we need to enrol your child into our school. We also need to collect information from you which are required by the Ministry of Education. **Please fill in the form properly by:**

- **Completing all sections of the form.**
- **Printing your answers clearly in pen, or by ticking the box that applies for Multi-choice questions.**
- **Signing the form.**
- **Copy of birth certificate**
- **Copy of Immunisation certificate**
- **Copy of any court order if applicable**

A PERSONAL DETAILS

First Names: (As shown on Birth Certificate)		Gender:
		Ethnicity: 1) 2)
Preferred First Name:		Language: 1) 2)
		Iwi:
Surname:		Date of Birth:
Caregiver(s)		Birth Certificate Number:
Residential Address:	Work Addresses: 1) 2)	
Postal Address:	Work Phone Numbers: 1) 2)	
Home Phone Number:	Cellphone Numbers:	
	1)Name:	Number:
	2)Name:	Number:

OTHER DETAILS: Custody issues/Court Orders (Please fill out a Non-Custodial Parental Access form)	
B ALTERNATIVE CONTACT DETAILS: We require 2 alternative contact persons.	
Contact Person 1:	Relationship to student:
Home phone Number:	Cellphone Number:
Work phone numbers:	
Address:	
Contact Person 2:	Relationship to student:
Home phone Number:	Cellphone Number:
Work phone number:	
Address:	
C MEDICAL DETAILS	
Medical Conditions:	
Allergies:	
Medicine:	
Immunisation: Fully Immunised (Please tick) YES NO	
Doctor:	Medical Centre:
D PERMISSIONS – I give permission for the following; (please state YES or NO)	
1. Hauora Whanui – Medical Consent to check my child's ears and teeth.	
2. Cybersaftey Agreement – That my child has access to the internet for purposes of study and research and undertake that he/she will not access any inappropriate material.	
3. School or class trips.	
4. Religious Instruction (Every Wednesday morning from 9am – 9.30am)	
E SCHOOL DETAILS – <i>Please fill out highlighted fields if possible!!</i>	
National Student Number:	Enrolment Number:
Year Level:	Class:
Previous School:	Teacher:
Bus Run:	School House:
Date first started school:	Date started Kawakawa Primary School:
Early childhood Education:	

PLEASE READ before signing this enrolment form

If my child, in the professional judgement of the Principal, requires medical attention, I hereby authorise the school to take whatever steps are required to ensure the well-being and safety of my child.

I also give permission and authorise Kawakawa Primary School to utilise Government organisations such as the Ministry of Education, Specialist Education Services, etc, to ensure my child receives appropriate assistance particular to his/her educational needs.

I understand that my child needs to attend school every day from 9am – 3pm. I will contact the school if my child is absent from school.

I understand that my child’s enrolment is subject to the purchase of school uniform within 2 weeks of the date of signing this enrolment form.

Parent/Caregiver Date

Signed:.....

OFFICE NOTES