

STUDENT'S PERSONAL DETAILS:

Family name: _____ Previous school / pre-school: _____
 First name: _____ Gender: Male / Female Current Year Level: ____
 Preferred name: _____ Date of birth: ____ / ____ / ____
 Country of birth: _____
 Address: _____
 Phone: _____ Email: _____ Send mail to: _____

ETHNICITY (tick more than one if applicable)

- NZ European Pasifika (please specify) _____
 NZ Maori Iwi _____ Other (please specify) _____

First language learnt/spoken from birth : _____ Main language currently spoken at home: _____

NATIONALITY (If **NOT** a New Zealand citizen - please complete the following and provide passport)

Country of Citizenship: _____ Date of entry to New Zealand: _____
 Total Years of Schooling in New Zealand: _____ Date first started school in New Zealand: _____
 1) **Visa Type (Parent)** Name: _____ Visa expiry date: ____ / ____ / ____
 Work / Student / Permanent Resident / Other _____ Passport expiry date: ____ / ____ / ____
 Parent's passport number: _____
 2) **Visa Type (Student)** Visa expiry date: ____ / ____ / ____
 Student / Permanent Resident / Other _____ Passport expiry date: ____ / ____ / ____
 Student's passport number: _____

YOUNGER BROTHERS AND SISTERS - PRE-SCHOOLERS:

Name: _____ Male / Female Date of Birth: _____
 Name: _____ Male / Female Date of Birth: _____

MOTHER/CAREGIVER

Title: _____ Family name: _____ Occupation: _____
 First name: _____ Workplace: _____
 Address: _____ Email: _____
 Phone: _____ Mobile Phone: _____ Work Phone: _____

FATHER/CAREGIVER

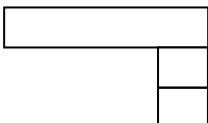
Title: _____ Family Name: _____ Occupation: _____
 First Name: _____ Workplace: _____
 Address: _____ Email: _____
 Phone: _____ Mobile Phone: _____ Work Phone: _____

Child Lives with: (circle one) Both parents Mother Father Caregiver Partner Grandparents Step Parent

EMERGENCY CONTACT (other than parents)

Relationship to student: _____
 Name: _____ Address: _____
 Phone: _____ Mobile Phone: _____

OFFICE USE ONLY

	NSN	Enrolment #	<input type="text"/>	Start Date	<input type="text"/>	Year	<input type="text"/>
	ESoL						
	Birth Cert/Ppt	House	<input type="text"/>	Vaccinations	<input type="text"/>	Room	<input type="text"/>

ENROLMENT FORM

(Please tick appropriate box)

GENERAL COMMENTS: (English language, custodial arrangements, behavioural, food restrictions)

Custody Issues - A copy of the court papers must be provided within 7 days of enrolment

FAMILY DOCTOR: Name: _____ Phone: _____

ALLERGIES / ASTHMA: _____

OTHER MEDICAL/HEALTH CONCERNS: _____

PARENT/CAREGIVER UNDERTAKING

Please tick

- I will support the school by ensuring that my child will be at school on time and wear the full Marlborough School Uniform (clearly named)
- (2) If my child intentionally damages school property I will endeavour to make some form of restitution.
- (3) I understand that the personal and educational data collected relating to my child will be stored and used as defined in the Privacy Act 1993 and will be forwarded to the next school my child attends.
- (4) I give authority to the Principal to act on my behalf in any medical/health and safety emergency.
- (5) I give permission for my child to attend all school approved educational visits and trips made by charter/private car transport. (see # 10)
- (6) I agree to abide by all Marlborough Primary School Board of Trustees policies.
- (7) I give permission for my child's photo to be used to promote the school. eg. School prospectus, newsletter, newspaper article
- (8) I will advise the school office of any change of address or contact telephone numbers.
I will also advise the school office in the event of any custody changes that may affect access to my child.
- (9) I accept the terms and conditions of the Student Computer and Internet Use Agreement
I have read and signed the Online Publication of Student Images Policy related to our website
- (10) I understand that full payment of the Annual Donation/Contribution covers the cost of all in-school performances, class trips and Life Education (excludes Year 5/6 camp)
- (11) In the event of my child having a fever or mild pain at school, I give permission for paracetamol to be administered by the Office Staff until I/we can collect him/her.

Parent / Caregiver

Name: _____ **Signature:** _____

Date: _____

ENROLMENT FORM

Early Childhood Attendance Information

Early Childhood Education (6 months prior to starting school only)

Please complete the information below.

1. If your child was **attending more than one service at the same time**, enter hours per week **for up to 3 services**.
2. If your child **attended one service but changed to a different service within 6 months prior to starting school**, complete the table for the **LAST SERVICE ONLY** (not both)
3. If attendance hours varied or you are unsure, enter an approximate number of hours per week.

Please enter number of hours per week for up to 3 services	1	2	3
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten OR Education and Care Centre			
d. Home-based Service			
e. Playgroup			
f. The Correspondence School - Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand			
h. Attended, but don't know what type of service			
i. Did not attend			
j. Unable to establish if attended or not			

DID YOUR CHILD REGULARLY ATTEND EARLY CHILDHOOD EDUCATION?

'Regularly attend' means your child was booked in to a service for sessions each week/fortnight and generally attended unless they were sick, or on holiday, or had a family occasion.

Please tick (✓) one of the following:

Yes, for the last ____ years		Not regularly, only occasionally with on-going schedule		No, did not attend ECE	
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