5
~
\overline{C}
Ĭ
T FORM
'
Ш
5
0
\sim
Ī
Ш
_
0
Ŏ
Ĭ
Y SCHOOL EN
S
>
ARY
Σ
=
7
_
PO PRIM
=
–
Z
2

Matip School

PUPIL DETAILS				SEX: MALE / FEMALE		
				DATE OF BIRTH: / /		
SURNAME:				·		
FIRST NAMES (INCL MIDDLE):			PREVIOUS SCHOOL:			
PLACE IN FAMILY: C	NAME OF			ADDRESS:		
	(AT THIS S	CHOOL)				
ADDRESS:				PREVIOUS CLASS:		
,				DENTAL CLINIC:		
•				NZ RESIDENCY: YES / NO		
HOME PHONE NO:				DATE OF ENTRY TO NZ: / /		
ETHNIC GROUP(S)				COUNTRY OF BIRTH:		
CHILD RELATES TO:				HOME LANGUAGE:		
IWI AFFILIATION:	○ NONE					
	•			EARLY CHILDHOOD EDUCATION		
(See map over page; Ple	• •	-		Centre attended before starting school:		
•	LAND: TE TAI TOKERA	U/TAMAKI MAK	KAU RAU			
O COROMANDEL: HA	URAKI			Home Based Service		
○ WAIKATO/KING COL	UNTRY: WAIKATO/TE I	ROHE POTAE		Kindergarten or Education & Care		
O ROTORUA/TAUPO:	TE AWARA/TAUPO			○ Kohanga Reo		
BAY OF PLENTY: TAU	JRANGA MOANA/MA	TAATUA		O Playcentre		
C EAST COAST: TE TAI	<u>-</u>			Playgroup or Pacific Islands EC Group		
\smile	arapa: Te matau a i	ΜΔΙΙΙ/ΜΔΙΒΔΒΔ	ΔΡΔ	Correspondence School		
○ TARANAKI	ANAIA. IL WAIAO A I	VIAOI, WAINANA	N / A	Outside of New Zealand		
\circ	o.=					
_	GITIKEI: WANGANUI/F			Oid Not Attend any E.C.E.		
•	WHENUA/WELLINGT					
MANAWAT	ΓU/HOROWHENUA/ΤΙ	E WHANGANUI-	-A-TARA	How Many Hours Per Week:		
O SOUTH ISLAND: TE	WAIPONAMU/WHAR	E KAURI				
OTHER:				How Many Years Attended:		
PARENT / GUARDIAN D	DETAILS			·		
TITLE FAMILY NA		FIRST NAME		EMAIL:		
THEE TAIVILLINA	MVIL	TINSTIVAIVIL		LIVIAIL.		
CELL NO.	WORK NO.	THOME NO.		OCCUPATION:		
CELL NO:	WORK NO:	HOME NO:		OCCUPATION:		
				STUDENT LIVING WITH: YES / NO		
TITLE FAMILY NAME FIRST NAME				EMAIL:		
CELL NO:	WORK NO:	HOME NO:		OCCUPATION:		
				STUDENT LIVING WITH: YES / NO		
EMERGENCY CONTACT	S:	•				
1st NAME:				HOME NO:		
RELATIONSHIP:				CELL NO:		
2nd NAME:				HOME NO:		
RELATIONSHIP:				CELL NO:		
NAMES OF LEGAL GUAF	RDIANS:					
EXTRA COPY OF SCHOO	L REPORT TO:					
CUSTODY ARRANGEME	NTS / ACCESS RESTR	ICTIONS (Attacl	h separate s	sheet if more space required)		
, and a space of an any						
COLIDE ODDED ICCLIED	VEC / NO			CODY OF ORDER ON THE VEG. / NO.		
COURT ORDER ISSUED? YES / NO			COPY OF ORDER ON FILE: YES / NO			
HEALTH DETAILS DOCTOR:						
			MEDICAL (
PHONE			PHONE NO	D:		
MEDICATION HELD:			SIGHT / SP	PEECH / HEARING DETAILS:		
SERIOUS PROBLEMS:						
IMMUNISATIONS: Certi	ficate Sighted: VES	/ NO	INANALINIC	ATIONS COMPLETED: YES / NO		
Invitational Property Celli	incate signited. TES	, NO	HALLALO IAIS	ATIONS CONTELLED. TES / NO		

5	=
_	5
۲	7
C	J
-	_
느	- -
2	7
Ξ	Ξ
2	7
7	5
7	,
Ħ	,
ū	<u> </u>
	_
Ē	5
7	Ś
Ĭ	_
כ	5
DEV CCHO)
>	_
	_
<	ζ
2	>
Ξ	=
	_
_	-
Č)
2	_
H	_
\leq	ֻ -
5	>

M S

hool,	OTHER DETAILS	·					
3	LEARNING & BEHAVIOURAL NEEDS:						
	SPECIAL NEEDS:						
	PRIVATE LESSONS:						
	HOBBIES / INTERESTS / CLUBS ETC:						
	OTHER INFORMATION / REQUESTS:						
	NAMES OF FAMILY MEMBERS LIKELY TO BE ATTENDING	THIS SCHOOL IN THE FUTURE:					
	NAME: DATE OF BIRTH: / /						
	NAME: DATE OF BIRTH: / /						
	NAME: DATE OF BIRTH: / /						
	*Please note, this does not enrol the above children - ple	ease complete an enrolment form available fro	om				
	the office at your earliest convenience for the above chil	dren.					
	PERMISSIONS:						
	I give permission for my child to go on local school trips v	within walking distance of school	YES / NO				
	I give permission for photos to be taken of my @hild						
	I give permission for photos of my child to be uploaded to the school website						
	I give permission for the school to request extra help for	my child if needed from:					
	Special Education; Resource Teacher, Learnin	g & Behaviour; Ministry of Education	YES / NO				
5	I understand that I will be advised if extra help is needed	for my child	YES / NO				
8	I give permission for my child to be given pamol where n	ecessary	YES / NO				
FORM	I understand that I may withdraw my permission at any t	ime for any event or trip	YES / NO				
ENROLMENT	Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities, and for the data-gathering purposes by the New Zealand Ministry of Education in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless						
Σ	such disclosure is authorised or required by law.	_					
7	ADDITIONAL INFORMATION:	OFFICE USE:					
<u>~</u>		BIRTHDATE VERIFIED: YES / NO					
		PROOF OF ADDRESS: YES / NO					
		YEAR LEVEL:					
CHOOL		ROOM NO:					
Ĭ		TEACHER:					
S		ENROL NO:					
≿		START DATE:					
MATIPO PRIMARY	I understand that the school will take action on my behal	lf in case of sudden illness or injury, and I agre	e to abide				
Σ	by the school policies.						
₹ 							
<u>Б</u>	Signed: Date Received: / /						
2							
Ę							
S		coll ***					
		ection of affilia					
		Ce On C					
		atic					

