



OTHER DETAILS

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 - please complete an enrolment form available from the office at your earliest convenience for the above children.

PERMISSIONS:

I give permission for my child to go on local school trips within walking distance of school	YES / NO
I give permission for photos to be taken of my child	YES / NO
I give permission for photos of my child to be uploaded to the school website	YES / NO
I give permission for the school to request extra help for my child if needed from: Special Education; Resource Teacher, Learning & Behaviour; Ministry of Education	YES / NO
I understand that I will be advised if extra help is needed for my child	YES / NO
I give permission for my child to be given pamol where necessary	YES / NO
I understand that I may withdraw my permission at any time for any event or trip	YES / NO

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 such disclosure is authorised or required by law.

ADDITIONAL INFORMATION:

OFFICE USE:

	BIRTHDATE VERIFIED: YES / NO
	PROOF OF ADDRESS: YES / NO
	YEAR LEVEL:
	ROOM NO:
	TEACHER:
	ENROL NO:
	START DATE:

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by the school policies.

Signed: _____

Date Received: / /

