





**OTHER DETAILS**

**LEARNING & BEHAVIOURAL NEEDS**

**SPECIAL NEEDS:**

**PRIVATE LESSONS:**

**HOBBIES INTERESTS CLUBS ETC:**

**OTHER INFORMATION/REQUESTS:**

Names of Members of Family	1. _____	BIRTHDATE	/	/
likely to be attending this	2. _____	BIRTHDATE	/	/
school in the future.	3. _____	BIRTHDATE	/	/

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 principals of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorized or required by law.

<b>ADDITIONAL INFORMATION</b>	BIRTHDATE VERIFIED	REG NO:
	NEW CLASS	
	ROOM NO	
	TEACHER	
	START DATE	

I agree for the school to administer pamol/paracetamol to my child at their discretion if my child presents with fever or headache.

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

SIGNATURE: \_\_\_\_\_

