

Pupil Enrolment Form



Aorangi School
Gem Street
Rotorua
Phone: 07 347 8448
www.aorangi.school.nz

Pupal Information

Legal Family Name:		Gender:	
Legal First Names:		Date of birth:	
Preferred Name:		Year Level:	
Address where pupil lives:		Previous School:	
Place of birth:		Number of Previous Schools:	
Home Language:		Place in family: (e.g. 2 of 3)	
Ethnicity: (up to three)		Birth Certificate Supplied:	<input type="checkbox"/> yes <input type="checkbox"/> no
Iwi: (up to three)		Welcome Pack Given:	<input type="checkbox"/> yes <input type="checkbox"/> no
Eldest Child at this school:			
Names of Legal Guardians:			

Parent / Caregiver

Main Parent/Caregiver

(To be contacted for absences or emergencies)

Name:	
Title (Mr, Ms, Mrs, Miss):	
Address:	
Relationship to child:	
Home Phone:	
Mobile Phone:	
Work Phone	
Occupation:	
Place of Work:	

Other main Parent/Caregiver

(2nd contact for emergencies)

Name:	
Title (Mr, Ms, Mrs, Miss):	
Address:	
Relationship to child:	
Home Phone:	
Mobile Phone:	
Work Phone	
Occupation:	
Place of Work:	

Extra contact

(3rd contact for emergencies)

Name:	
Title (Mr, Ms, Mrs, Miss):	
Address:	
Relationship to child:	
Home Phone:	
Mobile Phone:	
Work Phone	
Occupation:	
Place of Work:	

Permission

- I give permission for my child to be involved in class trips within the Rotorua city boundary
(Separate permission must be obtained for transport in private vehicles) yes no
- To have their name/work/picture published in the school newsletter yes no
- To have their name/work/picture published on the school website yes no
- To participate in the bible-in-schools programme yes no
- To participate in the Fruit in Schools Programme yes no
- To participate in the Milk in Schools Programme yes no
- To allow my child's throat to be swabbed as part of the Rheumatic Fever yes no

Medical / Dental Information

Doctor:

Does your child have allergies? Please list:

Permission to contact doctor if necessary?

yes no

Immunisation Certificate Supplied?

yes no

Fully Immunised?

yes no

I consent to my child's vision and hearing to be tested?

yes no

Please note any medication your child is on:

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Custody / Access Arrangements

Please note any custodial or access arrangements if any:

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Court order issued?

yes no

Other information:

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Prior-participation in early childhood education

Did your child attend one or more Early Childhood Education Service(s) in the six months prior to starting school?

Please complete the table below for the last service(s) attended:

a. Kohanga Reo

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b. Play-centre

--

c. Kindygarten

--

d. Home based service

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e. Playgroup

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f. The Correspondence School - Te Aho o Te Kura Pounamu

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Please tick the appropriate box

g. Attended, but only outside

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 was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had family occasions, etc)

Yes

Not regulary

No

Future Siblings

For planning purposes please list your child's siblings who may attend our school in future

Child's Name and Date of Birth:

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Child's Name and Date of Birth:

--

Office Use Only

NSN:

--

Teacher:

--

Room:

--

Area:

--

Admission Number:

--

Year Level:

--

Date of Entry:

--

Records Requested:

--

Records Received:

--

Date started any school:

--

Number of previous schools:

--

Previous School:

--

Enrol Requested:

--

Enrol Completed:

--

List previous school/dates

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Academic:

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Attendance:

--

Behavioural:

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Custodial:

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Health:

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Personal:

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