

Queenstown Primary School Enrolment Form



OFFICE USE:

Enrol #: _____
NSN: _____
House: _____
User: _____
Password: _____
Ultranet SINA

PLEASE FILL IN ALL SECTIONS AND BRING ALL DOCUMENTS WITH YOU AS LISTED ON THE CHECKLIST ON THE BACK.

ADMISSION DATE _____ ROOM: _____ YEAR LEVEL: _____ ESOL: YES / NO

CHILD'S LEGAL SURNAME: _____ PREFERRED SURNAME: _____

LEGAL FIRST NAMES: _____ PREFERRED FIRST NAME: _____

BIRTH DATE: _____ PRESENT AGE: _____ Male / Female _____

ETHNICITY: _____ IF MAORI, STATE IWI: _____

BUS REQUIRED: Yes / No Run: _____

IF YOUR CHILD WAS NOT BORN IN NEW ZEALAND, PLEASE COMPLETE THE FOLLOWING:

Date of Entry to New Zealand _____ Country of Birth: _____

Language spoken at home: _____ Do you have a Student Permit? YES / NO

Passport No: _____ VISA EXPIRY DATE: _____

PARENT / CAREGIVER DETAILS:

(Mother) Name: _____

Address: _____

Mailing Address: _____

Occupation: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____

Cellphone: _____ Relationship to Student: _____

Email address: _____

Would you like newsletters emailed? Y / N

Would you like your financial statements emailed? Y / N

(Father) Name: _____

Address: _____

Occupation: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____

Cellphone: _____ Relationship to Student: _____

EMERGENCY CONTACT / ADDITIONAL CAREGIVER:

Name: _____ Phone No/s: _____

Address: _____ Relationship to Student: _____

MEDICAL INFORMATION:

Doctor: _____ Phone: _____

Any conditions we need to be aware of? Yes / No

Details: _____

SPECIAL NEEDS:

Health: _____

Learning: _____

Behavioural: _____

OTHER FAMILY MEMBERS:

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

CUSTODY OR ACCESS CONDITIONS: Please circle one and provide relevant supporting documents where necessary.

Both Parents

Mother Only

Father Only

Shared Custody

Additional Information: _____

PREVIOUS SCHOOL/S: _____

Date Started: _____ Leaving Date: _____

EARLY CHILDHOOD EDUCATION: Please select one and include hours per week.

A:	Never attended EC Centre	Hrs/wk	D:	Pacific Island EGG Group or Playgroup	Hrs/wk
B:	Attended a licensed Kohunga Reo	Hrs/wk	E:	Unable to establish whether ECE attended	Hrs/wk
C:	Kindy, Playcentre, Education Centre or Homebase	Hrs/wk	F:	Attended ECE by type unknown	Hrs/wk

CHECKLIST: On enrolling your child **you must bring the following documents** with you to the School Office.

If born in New Zealand or Australia

School Enrolment Form

Birth Certificate (if your child has just turned 5)

(a current Passport will do)

Immunisation Certificate

Well Child Service Consent Form

If NOT born in New Zealand or Australia

Passports - yours and your child's with the following

Student Visa on your child's passport

Work Permit - on YOUR passport or Residency Permit

Child's Birth Certificate

Immunisation Certificate

School Enrolment Form and Well Child Consent Form

I consent to my child's records being sent on to another school upon request.

I consent to my child participating in EOTC outdoor activities including transport, involved with our school programme.

I have read the school's cybersafety rules and will discuss this with my child.

I consent to my child's student work or photos being displayed on the school web / class blog sites.

I have read the parent information booklet including the section on Religious Education.

SIGNED: _____

DATE: _____