



# PRE- ENROLMENT FORM

## Child's Details:

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Preferred Name (if different to above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Boy/Girl

NZ Residency: Yes/No

Ethnic Groups Child relates to: \_\_\_\_\_ Home Language: \_\_\_\_\_

## Parents/Caregiver Details:

### **First Contact**

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Relationship to child e.g. mother, father: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Second Contact**

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Relationship to child e.g. mother, father: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

**Any health or other information we need to know about your child:**

*In terms of the Privacy Act, I understand the information on this form is collected as part of the essential information the school requires to enrol my child.*

**Signature of Parent/Caregiver:**

**Date:**

