



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:

