



PRE-ENROLMENT FORM

Child's Details:

Surname: _____
First Name/s: _____
Preferred Name (if different to above): _____
Date of Birth: _____ Gender: Boy / Girl
Intended Start Date: _____
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: