



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: _____

Languages other than English that you speak: _____

Second Contact

Surname: _____

First Name/s: _____

Relationship to child e.g. mother, father: _____

Address: _____

Home Phone: _____ Cellphone: _____

Email: _____

Languages other than English that you speak: _____

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

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