

Helensville Primary School

PRE-ENROLMENT FORM

IN ZONE

Administration Use Only	
ENROL	
SMS	
Admission #	



Student Details

Legal First Names	<input type="text"/>	Preferred First Names	<input type="text"/>
Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
Sex	<input type="text" value="Boy"/> / <input type="text" value="Girl"/>	Date of Birth	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
Home Language	<input type="text"/>	Student Lives With:	<input type="text"/>
Generally Will Travel to School by	<input type="text" value="Walk"/> / <input type="text" value="Vehicle"/> / <input type="text" value="Bus"/>	Place in the Family	<input type="text" value=""/> of <input type="text" value=""/>
Name of Eldest Child at Helensville School	<input type="text"/>		
Ethnicity (up to three)	<input type="text"/>		
Iwi/Hapu (up to three)	<input type="text"/>		
Name of Previous School	<input type="text"/>	Current Year Level	<input type="text"/>
Town/City of Previous School	<input type="text"/>		
New Zealand Residency?	<input type="text" value="Yes"/> / <input type="text" value="No"/>	Date of Entry into New Zealand	<input type="text"/>
Country of Birth	<input type="text"/>		

Parent/Caregiver Details

THIS MUST BE THE PRIMARY PLACE OF RESIDENCE OF THE CHILD AND THE CHILD'S PRIMARY CAREGIVER. PLEASE PROVIDE SUPPORTING DOCUMENTATION – e.g. TENANCY AGREEMENT, RATES NOTICE, POWER BILL

PRIMARY PARENT/CAREGIVER 1

Relationship:	<input type="text" value="Father"/> / <input type="text" value="Mother"/> / <input type="text" value="Grandparent"/> / <input type="text" value="Caregiver"/>	Title	<input type="text" value="Mr"/> / <input type="text" value="Mrs"/> / <input type="text" value="Miss"/> / <input type="text" value="Ms"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>	Phone Home:	<input type="text"/>
& Post Code	<input type="text"/>	Phone Cell:	<input type="text"/>
Email:	<input type="text"/>	Phone Work:	<input type="text"/>
Occupation:	<input type="text"/>	Hours of Work:	<input type="text"/>

PRIMARY PARENT/CAREGIVER 2

Relationship:	<input type="text" value="Father"/> / <input type="text" value="Mother"/> / <input type="text" value="Grandparent"/> / <input type="text" value="Caregiver"/>	Title	<input type="text" value="Mr"/> / <input type="text" value="Mrs"/> / <input type="text" value="Miss"/> / <input type="text" value="Ms"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address	<input type="text"/>	Phone Home:	<input type="text"/>
	<input type="text"/>	Phone Cell:	<input type="text"/>
Email:	<input type="text"/>	Phone Work:	<input type="text"/>
Occupation:	<input type="text"/>	Hours of Work:	<input type="text"/>

Custody/Access/Emergency Arrangements

Emergency Contact Details:

Contact Names:	Relationship to Student:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Custody/Access Arrangements:

Health

Allergies:

Disabilities (if any):

Immunisation Certificated Sighted: Yes No Requested Signed: _____

Immunisation Completed: Yes No If no, please state what immunised for: _____.

Health Problems:

Asthma	Yes / No	Hay fever	Yes / No
Hearing	Yes / No	Diabetes	Yes / No
Vision	Yes / No	Hepatitis A B C	Yes / No
Rheumatic Fever	Yes / No	HIV/Aids	Yes / No
Heart Condition	Yes / No	Epilepsy	Yes / No

Medication: If your child is on regular medication for any reason please state:

Doctor:

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Dental Clinic:

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Educational Needs and Strengths

Strengths:

Weaknesses:

Special Needs
(Details/Funding
e.g. ORS)

Participate in Launchpad (Bible in schools) Yes / No

Siblings likely to be attending Helensville Primary School

Names:

Date of Births:

/	/
/	/
/	/
/	/

Prior Participation in Early Childhood Education

New Entrant (5 year old) Enrolments Only

Did your child attend one or more Early Childhood Education services in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If your child was attending more than one service *at the same time*, please enter the hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average

Please enter the number of hours per week for up to three services:

		Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo	Name: <input type="text"/>			
b. Playcentre	Name: <input type="text"/>			
c. Kindergarten/Preschool	Name: <input type="text"/>			
d. Home Based Service/HIPPY				
e. Playgroup				
f. The Correspondence School - Te Aho o Te Kura Pounamu				
<i>Or please tick</i>				
g. Attended, but only outside New Zealand				
h. Attended, but don't know what type of service				
i. Did not attend				
j. Unable to establish if attended or not				

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means that your child was booked in to a service for sessions each week/fortnight and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc. *Please tick the box:*

- Yes, for the last year (s)
- Not regularly, only occasionally with no on-going schedule
- No, did not attend Early Childhood Education

Privacy Act

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding-on of information when my child transfers to another school. I further approve the forwarding on of my child's name and address on request to a potential intermediate or secondary school.

I UNDERSTAND THAT THE SCHOOL WILL TAKE ACTION ON MY BEHALF IN CASE OF SUDDEN ILLNESS OR INJURY, AND I AGREE TO ABIDE BY SCHOOL POLICIES.

Name:

Date:

Signature:

ADMINISTRATION USE ONLY

Authenticity of address established: Power Tenancy Agreement Rates Notice Other

Bus Route:

Admitted By:

Admission Number:

Date of Enrolment:

Date of Intended Start:

Birth Date Verified:

Permission Forms Given:

Donation Discussion:

Date Started:

Year Level: Room:

House: **YELLOW GREEN RED BLUE**

NSN: