

Lochiel School Enrolment Form

Date enrolled ___/___/___ Year: _____ Room _____

Teacher _____

Enrolment Number _____

Pupil Details (One form per pupil)

Name of Pupil _____
Surname First names

Preferred name _____

Home address - RAPID # _____

Languages English / _____

Previous School _____ Year level _____

Early Childhood Education YES / NO How long? _____ Type e.g. Kindergarten _____

Gender M / F Date of birth ___/___/___

Date first started school ___/___/___ Date first attended this school ___/___/___

**On Enrolment, the Ministry requires that Parents of New Entrants supply a copy of their child's
Birth Certificate or the Birth Certificate Number _____**

Caregiver 1 Details: Mother:

Name _____
Surname First names Mrs / Ms / Miss
(circle one)

Home Phone _____

Work Phone _____

Occupation _____

Mobile _____

Other details _____

E-mail _____

Other siblings likely to attend: _____ Date of Birth _____

_____ Date of Birth _____

Caregiver 2 Details: Father

Name _____
Surname First names

Home Phone _____

Work Phone _____

Occupation _____

Mobile _____

Other details _____

E-mail _____

Caregiver 3 Details: Emergency contact

Name _____ Surname _____ First name _____ Mr / Mrs / Miss / Ms (circle one)
Home Phone _____
Mobile _____ Relationship to student _____

Caregiver 4 Details: Emergency contact

Name _____ Surname _____ First name _____ Mr / Mrs / Miss / Ms (circle one)
Home Phone _____
Mobile _____ Relationship to student _____

Ethnicity: (Cultural identification with a particular ethnic group. Dual ethnicity may be selected)

Country of Birth _____ New Zealand Citizen? YES / NO
NZ European / NZ Maori (IWI) _____
Other _____
Permanent Resident Status YES / NO Student in NZ on a Student Visa YES / NO Expiry date _____

On Enrolment, Parents of students on a Student Visa are required to supply a copy of their current Visa

Medical details: (List any medical problems and information of which the school should be aware) _____

Doctor _____ Phone _____

Immunisation Certificate shown: Y / N Complete: Y / N Previous Dental Clinic _____

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.

Other details: Special Education definition (if applicable) _____

Bible- in- School YES / NO

Any other information of which the school should be aware; _____

Confidentiality: This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parent / Caregiver Verification: The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ **Date** _____ **School Stamp**