

ARROWTOWN SCHOOL ENROLMENT FORM

STUDENT DETAILS:

Office use only

Surname _____

Enrolment no.: _____

First Names _____

Date started here _____

Preferred Name _____

Year level _____

Date of Birth _____ Gender F M

Immunisation Sighted

Ethnic Group/s _____

Complete

Incomplete - Immunisation
rec _____

Iwi / Hapu _____

Country of Birth _____

Birth Certificate or
residency info rec.

Language spoken at home _____

Zone Status In Out

CONTACT DETAILS:

Parent / Caregiver 1

Parent / Caregiver 2

Lives with child

Lives with child

Relationship _____

Relationship _____

Home Address _____

Home Address _____

Postal Address (if applicable) _____

Postal Address (if applicable) _____

Phone Home _____ Work _____

Phone Home _____ Work _____

Mobile _____

Mobile _____

Email Address _____

Email Address _____

Occupation / Place of Work _____

Occupation / Place of Work _____

Other Parent / Caregiver not living with child _____

Postal Address _____

Relationship to Child _____

Mobile _____

Phone _____ Work _____

Email Address _____

Copy of child's report to be sent yes no

Custody / Access Information _____

EMERGENCY CONTACTS

Emergency Contact 1 _____ Phone _____

Relationship to child (grandparent, etc) _____

Emergency Contact 2 _____ Phone _____

Relationship to child (grandparent, etc) _____

MEDICAL OR SOCIAL INFORMATION: eg. Health, learning, behaviour,

Family Doctor _____ Phone _____

I give permission for the school to get medical help for my child should an emergency arise and neither the caregivers or emergency contacts are able to be contacted (Please tick)

OTHER INFORMATION:

Previous Preschool _____

Previous School _____ Date first started any school _____

Names of siblings at Arrowtown School _____

Preschool siblings _____ Birth Date _____

_____ Birth Date _____

I give permission for my child to have work and photos published in class or school newsletters

Signature _____ Date _____