



### Personal Information:

NB: Grey areas are for office administration only

Last Name	First Name (s)	Preferred Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suburb	City	No in Family
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address (if different from above)	Postcode	Eldest	Only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Confidential Y/N	Cell Phone	Fax Number	Email address	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Enrolment Information:

Access Home

Start Date	Enrolment Number	Year	Room	Date entered NZ	Fee for foreign stud	Country of origin	Internet
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous School (Please print clearly)	Date first started School	Language spoken at home
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Ethnicity Identity (Please circle the ethnic origin group/s you most identify your child with).

NZ European	NZ Maori	<b>Iwi:</b>	<b>Iwi:</b>	<b>Iwi:</b>
Cook Island Maori	Fijian	Samoan	Tongan	Other Pacific Island
Chinese	Korean	South East Asian	Other Asian	Other European
Indian	Pakistani	South African	Other African	Other

### Medical Details:

Doctor's Name	Address/Phone	Medical Notes/Medical Disability Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dentist's Name	Address/Phone	
<input type="text"/>	<input type="text"/>	

Shown Certificate	Hepatitis	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I give permission for Panadol to be administered to my child (if required) by the school Yes / No**

### Accounts Sent To:

Name	Address	Suburb	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Primary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	City	Phone Confid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Secondary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	City	Phone Confid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



### Enrolment Form for Students

#### Emergency Contacts:

Name	Relationship to Child	Address	City	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Future Family Members Likely to Attend This School:

Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Family Members Who Have Attended or are Currently Attending This School:

Name	Last Year Attended	Gender	Room	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- I give permission for my child to participate in Learning Experiences Outside the Classroom LEOTC (e.g. Options, Super Sports, Class Trips) in the Masterton Area **Yes / No**

#### Custody Arrangements/Access Restrictions/Guardianship:

#### Extra Student Notes/Information

#### Bus Information -

- Does your child travel on a bus? **Yes / No**
- What bus does your student travel on? .....

*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 of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.*

**As this is an internet based form, you will need to print out Dental, Wairarapa Health and Internet forms also or obtain from School Office.**

**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.**

..... **Date:** .....

**(Parent's Signature)**