



KHANDALLAH SCHOOL

ENROLMENT FORM

STUDENT DETAILS

Surname: _____ First Names: _____

Preferred Name: _____ Gender: Male / Female

Date of Birth: __/__/__ Country of Birth: _____ Language spoken at home: _____

Eligibility for Enrolment: NZ Citizen / NZ Resident / Visa / Other _____

(Please select one option and supply a copy of birth certificate, passport, visa or other relevant documents)

Ethnicity: _____ Iwi: _____

Ethnicity: _____ Iwi: _____

Ethnicity: _____ Iwi: _____

Previous School / Pre-School: _____ Current Year Level: _____

Place in Family: _____ of _____ Name of Eldest Child at this School: _____

Members of your family likely to be attending this School in the future:

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

PARENTS / CAREGIVERS DETAILS

Primary Caregiver 1 Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Number: _____

Email Address: _____

Primary Caregiver 2 Name: _____ Relationship: _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Mobile Number: _____

Email Address: _____

Other Guardian/ Caregiver Name: _____ Relationship: _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Mobile Number: _____

Email Address: _____

Student Lives with: _____

Email Address for Newsletters: _____

OFFICE USE ONLY

Admission Date: _____ Admission Number: _____ NSN: _____ Year Level: _____ Room: _____

Birth Date verification: _____ Immunisation record sighted: Yes / No Records requested: __/__/__ Records received: __/__/__

Entered on SMS: Entered on Enrol: Card Completed: Permission Authority Form received: Stationery pack / list provided: Entered on Vistab:

House allocated: _____ Appointment with Principal booked for __/__/__ Attended

EMERGENCY DETAILS

I give permission for the emergency contact persons named below to collect my child(ren) in case of an emergency, illness or injury, when attempts to contact the above named caregivers have been unsuccessful. I understand that my child will be held at school and cared for until a nominated person collects them. Children cannot leave the school in the company of relatives or caregivers without written authority held on school files.

Emergency Contact 1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Number: _____

Emergency Contact 2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile Number: _____

MEDICAL DETAILS

Doctor / Surgery: _____ Phone: _____

Is your child fully immunised? Yes / No (For 5 year olds only – Please attach a copy of the immunisation record)

Has your child had a B₄ School check? Yes / No I consent to my child's vision and hearing being tested: Yes / No

Allergies: Yes / No Details: _____

Medical Conditions: _____

Comments on Learning / Behaviour / Specialist needs or further information: _____

EARLY CHILDHOOD EDUCATION (To be completed for 5 year olds only)

Did your child attend ECE regularly? **Name of Pre-School attended :** _____

Yes, for the last __ year/s. Not regularly, only occasionally with no on-going schedule. No, did not attend ECE

Please enter the number of hours per week for up to three services:	Service 1 (Hrs/wk)	Service 2 (Hrs/wk)	Service 3 (Hrs/wk)
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home Based Service			
Playgroup			
The Correspondence School –Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
Attended, but only outside of New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish if attended or not	

The information collected on this enrolment form will be used by our school and forms an essential part of the information held by Khandallah School on my child. The information may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the Ministry of Education. The records may be viewed upon request at the school. It will not be disclosed to any other person or agency unless authorised or required by law.

I agree that Khandallah School will take action on my behalf in case of sudden illness or injury and to abide by the School's policies.

I give consent for Khandallah School to use my child's work and/or image in school publications in print and online.

Parent/Caregiver Signature Date: __/__/__

Principal's Signature Date: __/__/__