Kapanui School Enrolment Form

Pupil's legal surname:		Pupil's legal first name/s:		
Preferred surname:		Preferred first name:		
Address:		Boy/Girl	DOB:	Year level:
		Previous school/centre:		
Phone:	Mobile:	Address:		
Email:		Ethnicity:	lwi/Hapu	
Residency/Citizenship? Yes/No (If no en	ter details below):	1	1	
Date NZ entry:	Country of Birth:	2	2	
Caregiver's legal surname:		Caregiver's legal surname:		
First Name:		First Name:		
Relationship to Pupil:	Country of Birth:	Relationship to Pupil:	Country of Birth:	
Address: (if difference from pupil)		Address: (if difference from pupil)		
	In Zone Yes/No			
Phone Home:	Mobile:	Phone Home:	Mobile:	
Occupation:		Occupation:		
Emergency Contact:		Emergency Contact:		
Name:		Name:		
Relationship to Pupil:		Relationship to Pupil:		
Phone Home:		Phone Home:		
Mobile:		Mobile:		
Doctor:	Phone:	Court Order issued?	Yes / No	
Early Childhood?	Yes / No	Extra copy of school report to:		
Name of preschool	Hours attended	Address:		
Is your child immunised? Yes/No	Certificate Sighted? Yes/No	Learning/Behaviour Needs:		
Vision:				
Hearing:				
I consent to my child's vision and hearing being tested: Yes/No		Specialist needs:		
Allergies:				
Medication:		Other information/requests:		
Speech:				
Serious problems:				
Members of family likely to be att	ending school in the future?	Name:	DOB:	
		Name:	DOB:	
				

Parent approval: I agree that the school will take action on my behalf in case of sudden illness or injury to abide by the school's policies. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education in accordance with the principles of the Privacy Act. School may forward my child's name and address to a potential intermediate or secondary school.

Parent	/Caregiver	signature

Date: