



Manurewa East School

Enrolment form

Enrolment #

Start Date

Year

Room

Completed by:

STUDENT INFORMATION

Last Name	First Name(s)	Preferred Name	Gender		
Address		Suburb	Post Code	Interested in Maori Bilingual?	
Phone	Cell Phone	Email Address			
Date of Birth	Eldest?	Only?	Last School or Preschool	ECE Hours per week	NSN
Ethnicity	First language	Country of Origin	Date entered NZ		
Doctor	Doctor's Address	Doctor's Phone			
Do you have the internet at home?		Do you have a device at home, if so what kind of device?			
Medical Notes – problems, allergies, medication, disability information					

PARENT/CAREGIVER INFORMATION

Mr/Mrs/Miss	First Name	Last Name	Relationship to student
Address (if different from student)		Suburb	Phone
Occupation	Employer	Business phone	Cell phone

PARENT/CAREGIVER INFORMATION

Mr/Mrs/Miss	First Name	Last Name	Relationship to student
Address (if different from student)		Suburb	Phone
Occupation	Employer	Business phone	Cell phone

Names of Legal Guardians

Birth certificate	<input type="checkbox"/>	OFFICE USE ONLY	Permissions granted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Immunisation certificate	<input type="checkbox"/>		Entered on eTap	<input type="checkbox"/>
Mana Kidz	<input type="checkbox"/>		Entered on ENROL	<input type="checkbox"/>
Photo taken	<input type="checkbox"/>		Email address created	<input type="checkbox"/>

Custody Arrangements/Access Restrictions
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ETHNICITY AND LANGUAGE

Father's Ethnicity	Mother's Ethnicity	Iwi
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Student Name	Language spoken at home
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Mother	Country of birth	Languages spoken at home:
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Father	Country of birth	Languages spoken at home
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EMERGENCY CONTACTS

Name	Relationship to student	Address	Phone
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Name	Relationship to student	Address	Phone
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Name	Relationship to student	Address	Phone
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FAMILY MEMBERS CURRENTLY ATTENDING THIS SCHOOL:

Name	Room
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Name	Room
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Name	Room
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I undertake to see that _____ attends school regularly, wears the correct school uniform and follows the school rules and regulations as set by the Board of Trustees. I also give permission for the information contained in this enrolment form and the student's attainment records to be made available to other educational and support agencies.

Please notify the school of any legal access restrictions to the student.

Signature of Parent / Caregiver _____

Date _____