



# 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				Lunches are provided at school Please advise Cultural, Dietary requirements - eg. Halal, vegetarian, GF etc.		

### 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				
Custody Arrangements/Access Restrictions				

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"/>

**ETHNICITY AND LANGUAGE**

Father's Ethnicity	Mother's Ethnicity	Iwi
--------------------	--------------------	-----

Student Name	Language spoken at home
--------------	-------------------------

Mother	Country of birth	Languages spoken at home:
--------	------------------	---------------------------

Father	Country of birth	Languages spoken at home
--------	------------------	--------------------------

**EMERGENCY CONTACTS**

Name	Relationship to student	Address	Phone
------	-------------------------	---------	-------

Name	Relationship to student	Address	Phone
------	-------------------------	---------	-------

Name	Relationship to student	Address	Phone
------	-------------------------	---------	-------

**FAMILY MEMBERS CURRENTLY ATTENDING THIS SCHOOL:**

Name	Room
------	------

Name	Room
------	------

Name	Room
------	------

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 \_\_\_\_\_