



Arakura School

Enrolment Form/Pepa Ohotata

Student Details/ Taipitopito Akonga

Surname		Nationality	
First Name		Home language	
Middle Names		Ethnicity	
Preferred Name		<input type="checkbox"/> NZ Māori <input type="checkbox"/> European/Pakeha <input type="checkbox"/> Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Cook Is. Māori <input type="checkbox"/> Fijian <input type="checkbox"/> Tokelauan <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____	
Date of Birth	/ / (dd/mm/yy)	Iwi(s)	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Child's Address	_____		
Place in family	_____ out of _____	Entered NZ on	/ / (If not a Citizen)
Future attendees (Brothers, sisters)	DOB: _____	Restricted access to child	<input type="checkbox"/> Yes
	DOB: _____		Name: _____
	DOB: _____	Intended start date	/ /

Medical Information/ Hauora Mōhiohio

Doctor		Medical Conditions	
Medical Centre		Asthmatic:	<input type="checkbox"/> Yes (action plan must be supplied)
Doctor's Phone		Required Medicines	
Ok for Pamol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Info:	
Allergies			

Parent/ Caregiver/ Whānau Information

Child lives with: Both Parents Mother Father Caregiver 1 Caregiver 2

Family Details (Use as many as needed)

Parent/ Caregiver /Whānau 1		Parent/ Caregiver /Whānau 2	
Name		Name	
Home Address		Home Address	
Home phone		Home phone	
Cell phone		Cell phone	
Work phone		Work phone	
Relationship to child		Relationship to child	
Email Address		Email Address	
Parent/ Caregiver /Whānau 3		Parent/ Caregiver /Whānau 4	
Name		Name	
Home Address		Home Address	
Home phone		Home phone	
Cell phone		Cell phone	
Work phone		Work phone	
Relationship to child		Relationship to child	
Email Address		Email Address	

Emergency Contacts/ Whawhati Tata

Contact Person 1		Contact Person 2	
Name		Name	
Address		Address	
Phone		Phone	

Civil Defence/ Whawhati Tata

In the case of a civil emergency such as a major earthquake/flooding, children will only be released to the people named on this form. (This can be the same people as the emergency contact people)

Person 1		Person 2	
Name		Name	
Address		Address	
Phone		Phone	

Previous Education/ Mātauranga

School/Kura

School Name		School Address	
Class			

Early Childhood Education/ Mātauranga Kōhungahunga

Did your child regularly attend Early Childhood Education?

Yes
 Not regularly, only occasionally with no on-going schedule
 Did not attend ECE

Type Attended	Years of attendance	Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
Kōhanga Reo				
Playcentre				
Kindergarten or Education and Care Centre				
Home Based Care				
Playgroup				
The Correspondence School- Te Aho O Tekura pounamu				

Or

(please tick appropriate box)

Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish if attended	

I give permission for the school to make decisions in case of sudden illness or injury of my child

I give permission for the school to publish original works of my child in school publications

I give permission for my child's photo to be used in school publications
 Photo only
 Photo & First name only
 Online Publications
 (Face book, website)

(Tick correct boxes)

I agree to abide by the School's Board of Trustees policies

Print Name _____

Signed _____ Date _____

OFFICE USE ONLY

Year		Enrolment no.		Vaccination sighted	<input type="checkbox"/> Yes
Room		Entered into school records		Notes:	
Teacher		DOB verified	<input type="checkbox"/> Yes		