



Hauraki School Enrolment Form



| Student | | | |
|---------------------------|--|-------------------------------------|---------|
| First Names | | Family Name | |
| Preferred | | Gender | |
| Address | | Date of Birth | / / |
| | | Place in Family | of |
| | | Phone | |
| Pre School | | Date Started Schooling | / / |
| Caregivers | | | |
| Mother / CG1 | | Relationship | |
| Ethnicity | | <input type="checkbox"/> Lives With | |
| Address | | Home Phone | |
| | | Work Phone | |
| | | Mobile | |
| Employer | | Occupation | |
| Email | | | |
| Father / CG2 | | Relationship | |
| Ethnicity | | <input type="checkbox"/> Lives With | |
| Address | | Home Phone | |
| | | Work Phone | |
| | | Mobile | |
| Employer | | Occupation | |
| Email | | | |
| Other Info Access, etc | | | |
| Emergency Contacts | | | |
| Contact 1 | | Contact 2 | |
| Address | | Address | |
| | | | |
| | | | |
| Phone | | Phone | |
| Future Attendees | | | |
| Name | | Gender | DoB / / |
| Name | | Gender | DoB / / |

| Student Ethnic Information | | | |
|---|--|---|-------------------------------------|
| Country of Origin | | Status | Citizen / PR / Permit |
| (If not NZ Citizen) | Entry Date / / | Permit Expiry | / / |
| Ethnicity | <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Cook Is. Maori | <input type="checkbox"/> Indian |
| | <input type="checkbox"/> European / Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Niuean | <input type="checkbox"/> Fijian | <input type="checkbox"/> Filipino |
| | Other (Please Specify) _____ | | |
| Iwi (if NZ Maori) | | Home Language | |
| Medical | | | |
| <input type="checkbox"/> Vaccination Certificate Sighted | | | |
| Doctor | | | |
| Address | | | |
| Phone | | | |
| Allergies, medication requirements, etc. | | <input type="checkbox"/> OK for Pamol <input type="checkbox"/> Inhaler Required <input type="checkbox"/> Diabetes <input type="checkbox"/> Bee Sting Allergy | |
| Previous School | | | |
| School Name | | Year Level | |
| Address | | | |
| Permission | | | |
| I give permission for the school to sanction any required emergency medical treatment and agree to abide by the Board of Trustees policies. | | | |
| Signed | | Date | / / |

**Please post completed form to:
Hauraki School, 82 Jutland Road, Takapuna, Auckland 1309, New Zealand**

| OFFICE USE ONLY | | | |
|-----------------|--|---------------------------|---------|
| Year Level | | Room | Teacher |
| Enrolment No. | | Entered in School Records | / / |
| House | | | |