|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | | | | | | | | | | | | | | | | | | | |
| **Student’s first name:** | | |  | | | | | | | **Surname** | | | |  | | | | | |
| **Preferred** | | |  | | | | | | | **Gender** | | | |  | | | | | |
| **Address**  **Home Phone No:** | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Date of Birth** | | | | |  | |
|  | | | | | | | | | | **Place in family Of** | | | | | | |
| **Preschool** | | | | | |  | | | | | | | | | | |
| **Previous School** | | | | | |  | | | | | **Year level** | | | | | |
| **Parents/Caregivers** | | | | | | | | | | | | | | | | | | | |
| **Mother’s Name** | |  | | | | | | | | | | | **Lives with Yes No** | | | | | | |
| **Ethnicity** | |  | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | **Home phone** | | | | |  | | | | |
|  | | | | | | | | **Work phone** | | | | |  | | | | |
|  | | | | | | | | **Mobile** | | | | |  | | | | |
| **Email** | |  | | | | | | | | **Occupation** | | | | |  | | | | |
| **Father’s Name** | |  | | | | | | | | | | | **Lives with Yes No** | | | | | | |
| **Ethnicity** | |  | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | **Home phone** | | | | |  | | | | |
|  | | | | | | | | **Mobile** | | | | |  | | | | |
| **Email** | |  | | | | | | | | **Occupation** | | | | |  | | | | |
| **Other information custody access etc.** | | | | | | | | | | | | | | | | | | | |
| **Special abilities/learning needs the school need to be aware of concerning your child** | | | | | | | | | | | | | | | | | | | |
| **Local Emergency Contact** | | | | | | | | | | | | | | | | | | | |
| **Contact 1** | | | | | | |  | | | | | | | | | | | | |
| **Phone** | | | | | | **Home** | | | | | | | | **Mobile** | | | | | |
| **Siblings attending Hauraki School** | | | | | |  | | | | | | | | | | | | | |
| **Please complete reverse side of form for pre enrolment details** | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | |
| **Year Level** | | | |  | **Room** | | |  | | **Teacher** | | | |  | | | | | |
| **Enrolment No.** | | | |  | | | | | | **House** | | | |  | | | | | |
| **Student Ethnic Information** | | | | | | | | | | | | | | | | | | | | |
| **Country of origin** | | |  | | | | | | | **Status** | | | | | | **Citizen/PR/Permit** | | | | |
| **If not NZ citizen Entry Date / /** | | | | | | | | | | **Permit expiry** | | | | | | **/ /** | | | | |
| **Ethnicity**  **(up to 3)** | | | **NZ Maori** | | | | | |  | **Cook Isl. Maori** | | | | | |  | **Indian** | |  | |
| **European/**  **Pakeha** | | | | | |  | **Tongan** | | | | | |  | **Chinese** | |  | |
| **Samoan** | | | | | |  | **Tokelauan** | | | | | |  | **Vietnamese** | |  | |
| **Niuean** | | | | | |  | **Fijian** | | | | | |  | **Filipino** | |  | |
| **Other (Please specify)** | | | | | | | | | | | | | | | | | |
| **Iwi (if NZ Maori)** | | | | | | | | | | **Home Language** | | | |  | | | | | | |
| **Medical** | | | | | | | | | | | | | | | | | | | | |
| **My Child is fully vaccinated (**Please provide Vaccination certificate**) Yes No** | | | | | | | | | | | | | | | | | | | | |
| **Doctor** |  | | | | | | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | |
| **Phone** |  | | | | | | | | | | | | | | | | | | | |
| **Allergies, medication requirements, etc.** | | | | | | | | | | | | **Inhaler Required** | | | | | | |  | |
| **Diabetes** | | | | | | |  | |
| **Bee Sting Allergy** | | | | | | |  | |
| **Other** | | | | | | |  | |
| **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** | | | **/ /** | | | | | | |
| **Support** | | | | | | | | | | | | | | | | | | | | |
| **Hauraki School relies on parent support to provide an all rounded excellent education for your children. Please indicate how you are able to help (e.g. classroom support, sports coaching/management, library, road patrol, PTA, fundraising, curriculum expertise)** | | | | | | | | | | | | | | | | | | | | |
| **I agree that my child will participate fully in all aspects of the Hauraki School Curriculum YES** | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prior participation in Early Childhood Education**  **Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?** Please complete the table below for the last service(s) attended.  **Instructions:**   1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services. 2. If the child attended one service, but changed to a different service within the six months prior to starting school , please complete the table for the *last service only*, not both. 3. If the child’s attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week.**  |  |  |  |  | | --- | --- | --- | --- | | Please enter the number of **hours per week** for up to three services: | **Service 1**  **(hrs/week)** | **Service 2**  **(hrs/week)** | **Service 3**  **(hrs/week)** | | **a. Kohanga Reo** |  |  |  | | **b. Playcentre** |  |  |  | | **c. Kindergarten *or* Education and Care Centre** |  |  |  | | **d. Home based service** |  |  |  | | **e. Playgroup** |  |  |  | | **f. The Correspondence School – Te Aho o Te Kura Pounamu** |  |  |  |   ***Or***   |  |  | | --- | --- | | **tick the appropriate box** | | | **g. Attended, but only outside New Zealand** |  | | **h. Attended, but don’t know what type of service.** |  | | **i. Did not attend** |  | | **j. Unable to establish if attended or not.** |  |   **Did the child regularly attend Early Childhood education?**  Instructions “Regularly attend” means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.  **Yes, for the last \_\_\_\_\_\_\_\_year(s).**  **Not regularly, only occasionally with no on-going schedule.**  **No, did not attend ECE.** |