|  |
| --- |
| **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.** |