



Tirimoana School - Enrolment Form

(Please fill out both sides of the form and return to school with Birth and Immunisation Certificates)

Office use only
Admin No: _____ Date of Entry: _____ New Class: _____

Last Name: _____	Home Phone No: _____
First Name: _____	Date of Birth: _____ Boy/Girl
Preferred Name: _____	Pre-School/Kindergarten: _____
Address: _____	Previous School: _____
_____	Other children in family under 5 years: _____
Email Address: _____	_____
Country of Birth: _____	Date Entered NZ: _____
Language/s Spoken at Home: _____	_____
Main Ethnic Group: _____	Iwi: _____
Passport/Birth Certificate Sighted: Yes No	Resident: Yes No Inzone: Yes No

Parent/Caregiver Details:

Mother/Caregiver:	Relationship:	Occupation:	Phone:
			(wk)
Address:			(mob)
Legal Guardian: Yes / No	Access Rights: Yes / No / Not Applicable		

Father/Caregiver:	Relationship:	Occupation:	Phone:
			(wk)
Address:			(mob)
Legal Guardian: Yes / No	Access Rights: Yes / No / Not Applicable		

Child lives with: Mother Only Father Only Both Parents Other

Other Arrangements _____

Emergency Contact: (if Parent/Caregiver can't be contacted):

1 st Emergency Contact Name: _____	Phone No. _____
2 nd Emergency Contact Name: _____	Phone No. _____
Doctor: _____	Phone No. _____