



TIRIMOANA SCHOOL ENROLMENT FORM

In Zone

Out of Zone with priorities

Date enrolled _____ Start Date _____

Year level _____ Room _____

NSN _____

Entered on enrolment list Entered on SMS

Enrolment completed by: _____

- Copy to ESOL
- Copy of Birth Certificate/Passport
- Copy of Proof of address
- Copy of Immunization Certificate
- Copy of B4 School Check OR Hearing/Vision form signed

STUDENT DETAILS

Legal Surname of student: _____

First name/s: _____

Preferred Surname: _____

Preferred first name: _____

Home address: _____ Postcode _____
(evidence required)

Best email address to receive school notifications: _____ (please print clearly)

Date of birth _____

Gender: Male / Female

Ministry requirement : (Copy of birth certificate/passport must be attached)

Country of Birth _____

Languages spoken at home _____

What is your child's primary cultural/ethnic identity? (Please circle one)

NZ Pakeha/European/Maori: Iwi _____

Chinese/Indian/Other Asian/ Samoan/Tongan/Other Pacific Peoples: _____

Siblings Currently at Tirimoana _____

Other siblings in family and date of birth _____

Name of Early Childhood Education: _____

Hours attended per week _____ Age when started _____ Did not attend _____ Attended, outside NZ _____

Previous School: (If applicable) _____

Student lives with: Both Parents / Mother / Father / Guardian/ Other (please specify) _____

CAREGIVER DETAILS e.g. Mother /Father / Guardian

1
Full Name _____

Relationship to child _____

Mobile phone _____

Home/Work phone _____

Occupation _____

Country of birth _____

Legal Guardian Yes No Access rights: Yes No N/A

CAREGIVER DETAILS e.g. Mother /Father / Guardian

2
Full Name _____

Relationship to child _____

Mobile phone _____

Home/Work phone _____

Occupation _____

Country of birth _____

Legal Guardian Yes No Access rights: Yes No N/A

ALTERNATIVE EMERGENCY CONTACTS e.g. relative/friend/neighbour

Any other family address or email we need, e.g. separated parent	Full Name _____
	Relationship to child _____
	Daytime phone _____
	Mobile phone _____

Visa status (if not born in New Zealand)
 Permanent Resident: Yes No (proof required)

Visa Status _____ Visa Number _____
 Expiry date _____ Date entered NZ _____

Student in NZ on a student visa Yes No

HEALTH INFORMATION – Please list any medical details and information the school should be aware of:

Existing Medical Conditions (Asthmatic/Allergies/Diabetes?) _____

Sight/Speech/Hearing _____

Medication to be taken Yes No (if yes, you will need to fill out a separate Medication form)

I give permission for school staff to administer Pamol to my child in the event of significant discomfort or pain.
 Yes No

INTRODUCTION NOTES:

To help us better understand your child are there any special abilities/learning needs/ family issues the school should be aware of? (Please refer to Tirimoana enrolment information starter questions)

Permissions

- I give permission for trained school staff to administer first aid to my child, if required. Yes No
- I understand that the school will take action on my behalf in case of sudden illness or injury. Yes No
- I understand that if my child is ill, he/she will be kept at home and I will inform the school by telephone, email, school website or School App of his/her absence each day. Yes No
- I agree to my child's work being made available for sharing via the school's internet website and newsletters. (This includes any photographic material taken during the school day. Your child's first name would be used only.) Yes No
- Privacy Act:** I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. Yes No

Declarations

- I certify that all the information provided on this form is complete, true and accurate to the best of my knowledge.
- I certify that I am the current legal guardian of the child named and have disclosed all relevant medical and custodial information.

Enrolled by _____ Relationship to child _____
 (Please print name)

Signed _____ Date _____

Staff Signature _____ Date _____