



SACRED HEART SCHOOL PETONE – ENROLMENT FORM

Admission No:

NSN No:

STUDENT'S LEGAL SURNAME

BOY / GIRL

LEGAL CHRISTIAN NAME/S

Preferred name (if different from above)

DATE of BIRTH / /

ADDRESS

HOME Tel

.....

Post Code

PARENTS or PRIMARY CAREGIVERS

1

2

Surname		
Christian Name		
Relationship to child		
Mobile		
Email		
Occupation		
Work Place Name / Tel		
Country of Birth		
Religion		
Skill or trade you are willing to donate to school		

LANGUAGE/S spoken at home 1 2

BAPTISED Yes / No Date Where

ETHNICITY You must name one, but may name up to three ethnic groups

1.
2.
3.

For purposes of Ministry of Education statistical returns, students must be reported in one ethnic group only. The Ministry uses the same system of priority recording that was used by Statistics NZ in the 1996 census. Eg If you list NZ European and Tokelauan, Tokelauan will be the MOE record.

IWI Does the student have an affiliation with an/any iwi? (Compulsory for any student having Maori listed as an ethnicity)

1.
2.

CHILDREN BORN OUT OF NEW ZEALAND Country of Birth

Certification of legal entry to NZ Date of entry to NZ / /

CHILD IS LIVING WITH

ACCESS Names of any persons who are to be excluded by law from having access to this child (copies of legal documents must be provided)
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Name/s of parents who attended Sacred Heart School Petone

Name/s of siblings who attended Sacred Heart School Petone

PRE-SCHOOL SIBLINGS Name DoB

Name DoB

School your child last attended (if not a new entrant)

Pre-school / ECE (Early Childhood Education)

Child attended for hours per week.

Child has attended ECE for years Child did not attend any ECE Y / N

IMMUNISATION COMPLETE Y / N **Not immunised at all** Y / N

HEALTH / MEDICAL Please list any health/medical concerns, including any history or information (including communicable diseases). This is important in case of an emergency and we have to pass information on to medical staff.

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MEDICATION Please list any regular medications your child may take. A separate form must be completed at the office for any medication to be administered at school (except asthma inhalers).

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DOCTOR Name Tel

Family Dentist Name Tel

EMERGENCY DAYTIME CONTACTS

These are family or friends we can contact if your child is sick during school hours, and we are unable to reach you.

Name Tel Relationship (Aunt, friend etc)

Name Tel Relationship (Aunt, friend etc)

Name Tel Relationship (Aunt, friend etc)

EMERGENCY CONTACTS for CIVIL DEFENCE EMERGENCIES

These are family or friends authorised by you to collect your child from school in the event of a civil emergency, if you are unable to collect them. Other than the parents or caregivers on the front of this form, only those named below will be allowed to collect your child in an emergency.

These

Name Tel Relationship (Aunt, friend etc)

Name Tel Relationship (Aunt, friend etc)

Name Tel Relationship (Aunt, friend etc)

PERMISSIONS

EOTC (Education Outside the Classroom)

I/we give permission for our child to join in class trips that arise as part of the classroom programme. This is for trips in school time supervised by teachers where students will be walking or travelling by bus in the local Petone/Lower Hutt/Wellington areas. This includes sports events, Feast Day, School Picnic.

Individual permission will be sought for overnight trips, excursions in high-risk situations and trips involving private vehicles. **YES / NO**

PHOTOS

I/we give permission to use photographs of my child while taking part in various activities at school or on school trips.

These photos could appear on our school web site or in the school newsletter, notices or class blogs.

Every care is taken with the selection of any photo used. **YES / NO**

Office Use:	
Preference / Non Preference	
Birth Certificate sighted	Y / N
Legal entry to NZ documentation sighted	Y / N
Signed:	