

Duntroon School - Student Enrolment Form

Student's Name

Use full legal names, and then preferred names (but only if different).

Surname _____

First Name _____

Middle Name _____

Preferred First _____

Preferred Surname _____

Personal

Date of Birth (dd/mm/yy) _____

Gender male female

Intended Start Date _____

Office use:

Intended Year Level _____

Student Code _____

NSN _____

Student Type _____

Specify any siblings (including half or step) who are attending or will attend this school:

Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Physical Address _____

This is the student's place of residence

Secondary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Physical Address _____

This is the student's place of residence

Emergency Contact

Surname _____

First Name _____

Relationship to student _____

Salutation _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Medical Contacts

Doctor _____

Medical Centre _____

Phone _____

Other Medical _____

Schooling

'Preschool' is only relevant if your child is entering this school at year 1.
If your child is a new entrant, put N/A under previous NZ school.
If your child was last at a non-NZ school put 'overseas school'.
'First schooling date' is the date your child first attended primary school.

Office use: Intended Home Class _____

Office use: Intended Funding Year Level _____

Preschool:

- Did not attend any type of early childhood centre
- Attended Early CE but type unknown
- Attended Kindergarten, Play centre, Education & Care or Home based Service (includes by Correspondence)
- Attended Kohanga Reo
- Attended Playgroup or Pacific Islands EC group

How often did your child attend ECE? (i.e the last 6 months, regularly attending or only occasionally?)

Previous NZ school _____

First schooling date (dd/mm/yy) _____

Ethnicity

For 'Citizenship' name the country/countries your child is a citizen of.
For 'Verification Document' please attach a copy (e.g. passport, birth certificate). 'Serial Number' refers to the reference number on the Verification Document.

- Ethnicity:
- NZ European
 - Māori
 - Other (please specify) _____

If Māori, Iwi: 1 _____
2 _____
3 _____

Citizenship _____

Verification

- Eligibility: NZ Citizen NZ Resident
 Other _____

Verification Document _____

Serial Number _____

Exchange Scheme _____

Date in NZ (dd/mm/yy) _____

Expiry Date (dd/mm/yy) _____

Languages (other than English)

This section is for languages other than English.
Where the child is fluent write under 'Spoken'.
Where the child is not fluent, but learning, write under 'Learning'.
For 'First Language' write the child's home / first learnt language.
Please leave 'Māori Language hrs per week' for the office.

Māori Language hrs per week _____

Spoken Languages 1 _____

2 _____

3 _____

Learning Language _____

First Language _____

Health and Disability

Please attach relevant documentation.
Please note if the condition is critical.
Please complete separate [Health Profile](#).

Please complete separate [Medication at School – Management Statement](#) (if necessary).

Allergies / Conditions / Treatment

Immunisation:

- Fully Partly Not

Please attach an immunisation certificate.

- Hepatitis
- Mumps
- HIB
- Pertussis
- HPV
- Polio
- Measles
- Rubella
- Mening. B
- Tetanus / Diphtheria

Disability: Yes No

Details _____

Office use:

Special Needs: Yes No

ORRS Level: Very High High

Non-ORRS

Details _____

Pastoral Notes

Please include any other information you'd like to share about your child, or any of the contacts. This could include religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are available, court order details etc.

Consents

Please check the consents that you agree with for your child.

Sudden Injury

I give permission for the school to make decisions in case of sudden illness or injury of my child.

Future Schools

I give permission for my child's name and contact details to be forwarded to potential secondary schools.

Internet: Please complete separate [Cybernet Safety Agreement](#).

Outdoor Education

I give permission for my child to partake in Outdoor Education provided by the school.

Declaration

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name _____

Signature _____

Date _____