

# VISCOUNT SCHOOL ENROLMENT FORM

## STUDENT DETAILS

BOY/GIRL

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ VERIFIED: \_\_\_\_\_

PLACE OF BIRTH: N.Z./OVERSEAS – If overseas, date entered N.Z.: \_\_\_/\_\_\_/\_\_\_

NATIONALITY: MAORI – IWI: \_\_\_\_\_  
NEW ZEALAND EUROPEAN/COOK ISLAND/SAMOAN/TONGAN  
NIUEAN/INDIAN/CHINESE/OTHER \_\_\_\_\_

PRESCHOOL: *Please turn over*

PREVIOUS PRIMARY SCHOOL: \_\_\_\_\_

PREVIOUS YEAR LEVEL: \_\_\_\_\_

## PARENT/CAREGIVER DETAILS

MOTHER'S NAME: \_\_\_\_\_ BORN IN N.Z.  / OVERSEAS   
WORK NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BORN IN N.Z.  / OVERSEAS   
WORK NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

CAREGIVER'S NAME: \_\_\_\_\_ BORN IN N.Z.  / OVERSEAS   
WORK NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON – RELATIONSHIP TO STUDENT: \_\_\_\_\_  
NAME: \_\_\_\_\_ NUMBER(S): \_\_\_\_\_

## HEALTH DETAILS

IMMUNISATION CERTIFICATE: \_\_\_\_\_ FULLY VERIFIED/NOT FULLY VERIFIED

FAMILY DOCTOR: \_\_\_\_\_

HEALTH ISSUES/ALLERGIES: \_\_\_\_\_

*I give permission for the Public Health Nurse to attend to my child when necessary.*

*Signed:* \_\_\_\_\_

## OFFICE USE ONLY

ENROLMENT DATE: \_\_\_/\_\_\_/\_\_\_ ADMIN. NO: \_\_\_/\_\_\_

ROOM: \_\_\_\_\_ YEAR: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NSN: \_\_\_\_\_ DATE STARTED AT FIRST N.Z. SCHOOL: \_\_\_\_\_

**PRESCHOOL DETAILS**

Did your child regularly attend Preschool?

- Yes, for the last \_\_\_\_\_ year (s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend Preschool

**PRESCHOOL ATTENDED:** \_\_\_\_\_

Please enter the number of **hours per week** for up to three different preschools (if they had attended different preschools at the same time)

Type of service	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga 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**

(Please 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	