

## Anchorage Park School Enrolment Form

<b>◆Child's details:</b>		<b>MALE / FEMALE</b>	Child's date of birth (DD/MM/YYYY):
Child's official surname or family name:			
Child's official first names:			
<b>Name your child is known by / preferred name:</b>			
Surname / family name:		Given name:	
Previous School / Early Childhood Centre:			Current Year level:
Copy of official identity verification document* collected by staff:			
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Other _____			
Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:	
Child's primary residential address:			
Post Code:			
NZ Residency? Y / N	Date of entry to NZ? / /	Country of Birth:	
<b>Parents / Guardians:</b>			
<b>1. First names:</b>		<b>2. First names:</b>	
Surname / family name:		Surname / family name:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	
Relationship to child:		Relationship to child:	
<b>Emergency Contacts: (other than parents)</b>			
<b>3. Given names:</b>		<b>4. Given names:</b>	
Surname / family name:		Surname / family name:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	
Relationship to child:		Relationship to child:	
<b>OFFICE USE</b>	P/Port NZ B/Cert	Enrolment Number:	
Intended start date: (If not New Entrant)	Year:		
NSN#:	Room:	Date of Entry:	
	Teacher:		

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<b>Custodial Statement</b>			
Are there any custodial arrangements concerning your child?			
If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)			
<b>Health:</b>			
Illness / Allergies / Medication / Sight / Hearing:			
For staff: Immunisation records sighted, copied and up-to-date: <i>Tick One</i> Yes			No

<b>Early Childhood Education:</b> (for children starting Year 0/1 only)															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Hours Attended</th> </tr> </thead> <tbody> <tr> <td>Kohanga Reo</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Playcentre</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Kindergarten or Education &amp; Care Centre</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Home based service</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Playgroup</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The Correspondence School</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Hours Attended	Kohanga Reo	_____	Playcentre	_____	Kindergarten or Education & Care Centre	_____	Home based service	_____	Playgroup	_____	The Correspondence School	_____	<p><b>Did the child regularly attend Early Childhood Education?</b></p> <p><input type="checkbox"/> Yes for the last _____ year (s)</p> <p><input type="checkbox"/> Not regularly, only occasionally with no on-going schedule</p> <p><input type="checkbox"/> Attended but only outside NZ</p> <p><input type="checkbox"/> Attended but don't know what type of service</p> <p><input type="checkbox"/> No, did not attend ECE</p>
	Hours Attended														
Kohanga Reo	_____														
Playcentre	_____														
Kindergarten or Education & Care Centre	_____														
Home based service	_____														
Playgroup	_____														
The Correspondence School	_____														
<b>◆Other Details:</b>															
Sibling likely to attend this school in future years:															
Name: _____ DOB: _____ M / F															
Name: _____ DOB: _____ M / F															
Learning and behaviour needs: _____															
Special Needs (Background / Funding / ESOL / ORS etc) _____ (use a separate sheet for in-depth information)															

**◆Permissions:**

Our school is a *Kids Can* school. I give permission for my child to have food items from Kids Can if required. YES / NO

I consent to my child's vision and hearing being tested. YES / NO

I consent to my child's data to be shared with health and dental services (Health NZ) YES / NO

I prefer to receive important information and school newsletters by Email / Paper

I have read and signed the Digital Citizenship Student User Agreement YES / NO

I have read and agree to the Parent Code of Conduct. YES / NO

I give permission for my child's work and image to be shared in their student portal YES / NO

I give permission for my child's image to be shared on promotional material eg website, Facebook page, brochures YES / NO

<b>◆ Privacy Statement:</b>
<i>In terms of the 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. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.</i>
<b>◆Parent Declaration</b>
I declare that all the above information is true and correct to the best of my knowledge.
Parent/Guardian Signature: _____ Date: ____/____/____
Principal signature: _____ Accepted: Yes/No Date: ____/____/____