

Health: (attach separate sheet if needed) Allergies:	Sight:	Immunization Certificate Sighted: Yes No Requested
Medication:	Speech:	Completed: Yes No
Serious Problems:	Hearing:	Details on Register

Doctor:	Dental Clinic:
Name of other siblings at the Kura	Names of any special friends at the Kura:

In the case of a medical emergency or disaster eg flooding, pandemic emergency. Please list the full contact details of the person/persons we may contact in an emergency in order to ensure that your child is able to get home or is able to be looked after in your absence.

First emergency local contact (eg friend or family member):

Name: _____ Phone: _____
Mob. _____

Second emergency local contact (eg friend or family member):

Name: _____ Phone: _____
Mob. _____

Last school attended (Please provide a copy of last report)	Class/Year level at the previous school
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Full Name of Mother / Caregiver:
Religion:

Address if different from student:

Occupation:	Employer:
Contact Phone:	Signature:
Mobile:	

Full Name of Father / Caregiver: Religion:
Address if different from student:

Occupation:	Employer:
Contact Phone:	Signature:
Mobile:	

Other Details:	
Learning & Behaviour Needs:	
Special Needs (Background/Funding): eg ESOL, ORRS	
Other Information/Requests	
Names of Members of Family	DOB
likely to be attending this	DOB
school in the future.	DOB

Custody/Access Arrangements: (attach separate sheet if more space required)	Early Childhood Education: Centre attended before starting school: <input type="checkbox"/> Kindergarten, playcentre, education, care or home services <input type="checkbox"/> Kohanga reo <input type="checkbox"/> Pacific Islands EC Group or Playgroup <input type="checkbox"/> ECE Group, type unknown, including overseas <input type="checkbox"/> Did not attend any type of ECE Centre/Services <input type="checkbox"/> Unable to establish if ECE attended or not
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Bus Route: (Please circle the bus route that your child will use.) Totara North, Otangaroa, Huia, Matauri Bay, Wainui, Whangaroa, Waiare, Kahoe, Omaunu Road, Pupuke

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I give permission for the following:

- The herein named pupil will participate in all of the school programmes that gives Te Kura o Hato Hohepa Te Kamura its special character.
- For the Kura/School to contact the previous school of my child for any information considered necessary.
- For my child to use electronic mail and the Internet. I understand that some data on the Internet may be objectionable and I accept responsibility for setting standards for my child to search when selecting, sharing and exploring information and media. I have discussed the guidelines for pupils' use on the Internet Use with my child.
- For my child's name, written work or photograph to be published in school newsletters, school publications or on the school web pages.
- For the Resource Teacher of Learning and Behaviour to assess my child's current learning needs and attainment levels for the purposes of being able to plan and develop specific education plans should the Kura/School have any concerns regarding the progress of my child at this school.
- I understand that students who deliberately damage school property will be expected to pay all costs in fixing the item including any reward money which has had to be paid out.
- I will ensure that my child wears the correct school uniform and follows the school rules.

Signed:
Parent/Caregiver

Date:

For School use only

Enrolled by:		Enrol Data on line completed	
Processed by Principal:		Office: Card sent for:	
Timetabled:		File produced:	
Entered on computer file:		Student Enrolment Number.	
Birth Certificate Original sighted	Yes/No	Birth Certificate	Yes/No

		certified copy on file	Cert. No:
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