

APPLICATION FOR ENROLMENT - ST PATRICK'S PRIMARY KILBIRNIE

CHILD'S DETAILS		
Surname:	First Names:	Boy / Girl
Address		Birth date:
Email:		
Country of birth:	(Iwi)	Passport/ Birth certificate
Entered NZ date:		

PREVIOUS EDUCATION	
School:	Class/Year
Name of Kindergarten / Play centre / Kohanga Reo:	
Hours at Kindy/play centre per week:	
Date they started at Kindy/ Play centre:	
(this information is needed to enrol your child)	

PARENT / CAREGIVER DETAILS			
Surname:	Relationship	Occupation	<u>Phone</u>
First Name:			Home: Work: Cell:
Address:			Email:
Country of Birth			
Surname:	Relationship	Occupation	<u>Phone</u>
First Name:			Home: Work: Cell:
Address:			Email:
Country of Birth:			

EMERGENCY CONTACT NUMBERS	
Name:	Phone:
Name:	Phone:

NATIONALITY (Please tick main one only)			
NZ European/Pakeha	<input type="checkbox"/>	Cook Island Maori	<input type="checkbox"/>
NZ Maori	<input type="checkbox"/>	Samoan	<input type="checkbox"/>
Tokelauan	<input type="checkbox"/>	Fijian	<input type="checkbox"/>
Tongan	<input type="checkbox"/>	Other Pacific Island	<input type="checkbox"/>
Niuean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	<input type="checkbox"/>	South East Asian	<input type="checkbox"/>
	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
	<input type="checkbox"/>	Other European	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>
LANGUAGES SPOKEN AT HOME. (Please list main one first)			

HEALTH INFORMATION	
Medical Problems / Allergies / Medication:	
Doctor's Name:	Surgery / Phone number:
Custody Arrangements / Access restrictions:	
Any thing else you think the school should know:	

Please answer the following:	YES	NO
I will support the school in all activities. My child will wear the correct school uniform. My child will obey the school rules and will be encouraged to take part in all activities.		
I accept as a condition of enrolment that my child will participate in the general school programme that gives the school it's Special Character.		
I am happy for my child to see the Hearing and Vision Tester.		
I accept full responsibility for any medication administered at my request by any staff member.		
I agree that if I am unable to be contacted, the school will seek medical help for my child.		
I am happy for my child to take part in activities close to school. (Specific permission will be sought for trips involving greater distances).		
I am happy for my child's name, photo and /or work to be published on the school website and any school publications.		
I will advise the school should any personal details for my child change during his/her time at St Patrick's school.		

Signed:	Date:
----------------	--------------

PREFERENCE / BAPTISMAL CERTIFICATES SIGHTED			
Baptism certificate		Preference Certificate	
Immunisation Certificate		Birth Certificate	
		Non-Preference	
		Passport	

Signed:	Date:
Principal	

<i>Office Use Only</i>			
Admission Number: _____	Date: _____	Room/Year: _____	
NSN: _____		Teacher: _____	