

DEVONPORT PRIMARY SCHOOL - ENROLMENT FORM

CHILD'S DETAILS		
First Names:		Surname:
Address:		
Phone:	Boy or Girl	Date of Birth:
Child lives with: (eg mother, father, parents)		Copy of Birth Cte/Passport must be attached.
Ethnic group identifies with (please tick). If of NZ Maori descent, please refer to section overleaf.		
NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Pacific Islands (state which Island Group) <input type="checkbox"/>		
Other European (please identify):		Asian (please identify):
Other:		
Country of Citizenship:		Date of arrival in NZ (if applicable)
Residency Status:		Country of Birth:
Language spoken at home:		
Last school / preschool:		Date First Started Schooling (other than new entrant):

Please indicate (tick) category of early childhood attended:			
<input type="checkbox"/>	kindergarten, playcentre	<input type="checkbox"/>	Pacific Island EC Group
<input type="checkbox"/>	Kohanga Reo	<input type="checkbox"/>	overseas pre-school/primary school
<input type="checkbox"/>		<input type="checkbox"/>	did not attend early childhood day care

FOR OFFICE USE ONLY	Admission Nr:	Date of Entry:
Siblings at DPS:		
Level:	Room Number:	Teacher:

MOTHER / GUARDIAN'S DETAILS:		
Surname:	First Name:	Home Phone:
Address:		Mobile No.:
Email address:		
Occupation:		Work Phone:

FATHER / GUARDIAN'S DETAILS:		
Surname:	First Name:	Home Phone:
Address:		Mobile No.:
Email address:		
Occupation:		Work Phone:

EMERGENCY CONTACTS (friends/family we can contact if parents unavailable)		
Name:	Phone	Relationship to child:
1.		
2.		

HEALTH DETAILS	
Doctor:	Phone:
Consent for child to see Public Health Nurse: Yes or No	
Are there any health problems we should be aware of? (eg allergies, asthma, diabetes, epilepsy, hay fever, sight, hearing, speech, medication)	

ADDITIONAL INFORMATION
Are there any other address/phone numbers we should have (eg absent parents)?
Any other relevant information:

For Students of Maori Decent:	
If the student is of New Zealand Maori descent please enter the name(s) of his/her iwi in the column opposite. You may enter more than one iwi. If you do not know the iwi, please enter 'Don't Know'.	<i>Iwi:</i>
	<i>Iwi:</i>

This information is to be kept by Devonport Primary School for use by the school in educating your child, and for associated school activities. It may be made available to the Board of Trustees and committee members of the Parent/Teacher Association as required. The school is sometimes obliged by law to give information to Government Departments (i.e. Ministry of Health, [*Public Health Nurse*] and Ministry of Education) but it will not otherwise be disclosed without your authorisation.

You have the right to access the information which the school holds about you. Please advise the School Secretary of any change to the details supplied so that our records are up to date.

Signed: _____ (Parent/Guardian) Date: ____/____/____

FOR OFFICE USE ONLY	
Admission Book	Letter
Copy to teacher	
Sent out enrolment acknowledgement letter	
Data base	
ENROL	NSN Number:

