

Wairakei Primary School Enrolment Form

Surname:	First Names:	D.O.B.
Address:		
Phone No:	NZ Residency/Work Permit	
Previous School:	Previous Kindergarten	
Previous Dental Clinic:	Home Language:	
Ethnicity	Nga Iwi:	Place in Family:

Names of members of family likely to be attending this school in future:	
Name:	D.O.B.
Name:	D.O.B.

Parent/Guardian/Legal Guardian(s)		
Family Name:	First Name:	
Home Phone:	Cellphone:	Work:
Family Name:	First Name:	
Home Phone:	Cellphone:	Work:
Email:		
Emergency Contacts:		
Name:	Phone:	
Name:	Phone:	
Extra copy of School Report to:		
Custody Arrangements/Access Restrictions <i>(Attach copy of Court Order and separate sheet if more space required)</i>		
Medical/Health: <i>(attach separate sheet if more space required)</i> Family Doctor:		

If parents are enrolling children with a blood-borne virus they should speak confidentially to the Principal.			
Allergies:	Sight:	Speech:	Hearing:
Medication:			
I consent to the following:			
* that the staff of Wairakei Primary School can administer medication, which I have provided to my child if needed.			
* that the staff and Board of Trustees of Wairakei Primary School are under no liability in respect of administering any medication for my child.			

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 on of information to any school education and health support agency as required. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies. I give my permission for the Public Health Nurse to attend to my child should a medical issue arise.

Signature of Parent/Guardian **Date:**

Administration			
Birthdate Verified:	New Class:	Room Number:	Teacher:
REG. NUMBER:		Date of Entry:	
Date First Started School:			