



# Student Enrolment Form

Legal Surname	Date of Birth (Copy of Birth Certificate required) / /
Legal First Name	Gender Male / Female
Legal Middle Name(s)	Place in Family of
Preferred Surname	Name of Siblings currently at Ngakonui
Preferred First Name	Name and DOB of Siblings who may attend Ngakonui
Student lives with Both Parents / Mother / Father / Guardian / Other (Specify):	Current Year Level NE 1 2 3 4 5 6 7 8
Childs Address – Street	Early Childhood Education
Town / City	Previous School Name
Postal Code	Reason for Change
Mail Address	Date Started Schooling / /
Home Phone	Start Date at Ngakonui Valley School / /
Ethnicity	Language at Home
Iwi	Country of Citizenship

**Custody / Access Restrictions**  
 (if any, please note any custody issues here and attach appropriate documents)

**Caregiver Details** (e.g. Mother, Father or Guardian)

Full Name Ms / Mrs / Mr	Full Name Ms / Mrs / Mr
Relationship to Child	Relationship to Child
Receive School Mail (e.g. Accounts) Yes / No	Receive School Mail (e.g. Accounts) Yes / No
Home Phone	Home Phone
Work Phone	Work Phone
Occupation	Occupation
Mobile Phone	Mobile Phone
Email	Email
Address (if different from Childs)	Address (if different from Childs)

**Emergency Contact** (if Caregivers are unavailable e.g. Relative, Friend, Neighbour)

Full Name Ms / Mrs / Mr	Full Name Ms / Mrs / Mr
Relationship to Child	Relationship to Child
Day Phone(s)	Day Phone(s)
Address	Address

**Medical Information**

Doctor's Name	Immunisations Completed for Age Yes / No
Address	Certificate sighted at NVS Yes / No
Phone	Inhaler Required Yes / No
	Diabetes Yes / No
	Bee Sting Allergy Yes / No

Does your child have any medical condition that Ngakonui School should be aware of?  
 e.g. allergies, asthma, hearing, sight, hay fever, speech, on medication. Please mention the severity of the problem and any medicine and/or instructions. Attach a separte sheet if necessary.

Permission / Consents	
<b>Education Outside the Classroom (EOTC)</b> - I give permission for my child to attend all EOTC trips. Individual permission will be sought for overnight trips or excursions in high risk situations.	Yes / No
<b>Health Nurse</b> - I give permission for my child to see the Public Health Nurse	Yes / No
<b>Medical Attention</b> - I give permission for Ngakonui Valley School to seek medical attention for my child in the event of an emergency or unable to contact me.	Yes / No

**School Records** - I agree for Ngakonui Valley School to:

1. Collect Information relating to my child's education progress.	Yes / No
2. Request records from my child's previous school.	Yes / No
3. Send records to another school should my child leave.	Yes / No
4. Give access to the records to the School Dental Nurse. The dental nurse periodically seeks names and classes to follow-up on children who are not enrolled with the Dental Clinic.	Yes / No
5. Give access to the records to the Public Health Nurse. Health Consent Forms completed by parents/caregivers are forwarded to the school's designated Public Health Nurse.	Yes / No
6. Give access to the records to the Special Education Services staff.	Yes / No

Records are made available for Hearing and Vision Testing taking place within the school.

Other Information
Is there any other information you feel we should/could know to enable us to care for your child in the very best way possible? Please feel free to either comment here or contact the Principal for a personal interview.

Please inform Ngakonui Valley School Office if any of the information on this form should change.

Parent/Guardian Signature \_\_\_\_\_

Date                    /                    /

Parent/Guardian Name \_\_\_\_\_

For Office Use Only		
ENROL	NSN No.	Enrolment No.
Year	Room No.	Entered in Database                    /                    /
Teacher	House	Birth Certificate Copied <input type="checkbox"/>
		School Records Received                    /                    /