

Pupil Details

Family Name		Boy	Girl
First Names		Birth date - Day / Month /Year (Verified) Yes / No	
Preferred Name:		Country of Birth	
Home Address	Home Phone No.	Previous School or Early Childhood Centre:	
	Email address		
Name of other children in family at this school & teachers name		Current Year Level If enrolled at a school Year In NZ	
Name of other children and age of family members likely to attend this school in the future and their birth dates. Name: _____ d.o.b. ___ / ___ / ___ Name: _____ d.o.b. ___ / ___ / ___		Place in Family Out of	
		Health Immunisation Record: Sighted: Yes / No	
		Home Language(s)	
Ethnic Group			
Iwi/Rohe Home Area			
Custodial/Access Restrictions		Court Order Sighted Yes / No	
Has your child been involved with other agencies? (eg Special Ed, CAAFS, Speech Therapy, Early Years Intervention))			

Parent / Guardian Details / Caregiver

Mother / Guardian Caregiver	Family Name	First Name
	Address	Cell Phone
	Occupation	Work Phone No
	Workplace & Workplace Address	
Father / Guardian Caregiver	Family Name	First Name
	Address	Cell Phone
	Occupation	Work Phone
	Workplace & Workplace Address	
If not Parents – please explain your Guardian / Caregiver relationship to the enrolling child. E.g. Grandparent, Uncle, Aunt etc.		

Emergency Contact

(Other than those listed above) Someone who speaks your own language and English.

Is this person already associated with a child or family at this school? Y / N

Name 1	Phone Number
Relationship	Mobile Number
Name 2	Phone Number
Relationship	Mobile Number

Health

Doctor	Doctors Phone No
Allergies	
Medication	Sight
Serious Health Problems: Hearing: _____ Speech: _____	

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?

Yes/No, for the last _____ year(s).

Please complete the table below for the last service(s) attended. "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

Instructions:

1. If the child was attending more than one service at the same time, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand			
h. Not regularly, only occasionally with no on-going schedule (Casual)			
i. Did not Attend			

ENROLMENT DOCUMENT

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.

I approve the forwarding of this information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate school.

I understand that the school will take action on my behalf in case of sudden illness or injury.

I agree to abide by school policies.

Name of parent/guardian: _____ **Signature of parent/guardian:** _____

Freemans Bay School

ADDITIONAL INFORMATION

**To Parents / Guardians of children new to Freemans Bay School:
Please could you bring this to school before your child starts school**

This information is used to help us understand your child's needs. You **do not** have to fill it in. You can choose to just do parts. It does help us understand your child better if we have good information about them.

Child's First Name _____ Date of Birth _____ / _____ / _____

Family Name _____

Dads Name _____

Mums Name _____

Main Contact Person For Family _____

Phone Number of Contact Person: _____

Family Background

Are there any members of your child's family living somewhere else? Who are they? Where do they live?

What religion does your child follow?

What special ceremonies does your family celebrate?

Is there any food your child is not allowed to eat?

Any other information

Previous Schooling

How old was your child when they started school?

Previous Background

Where did you come from to New Zealand?

Name of School	Place	How long at this school

Family Background

Has anything happened to your child that might make him / her feel unsure or afraid?

What is your child good at and do they have any particular talents?

Academic

Social

Physical

Do you have any concerns about your child?

Academic

Social

Physical

What are your child's interests outside of school?

Languages

Family

What language / languages do you **speak** at home?

Child

What languages can your child **understand**?

What languages can your child **speak**?

What languages can your child **write**?

What languages can your child **read**?

Parental Support

What languages can you **speak**?

What languages can you **read**?

What languages can you **write**?

Are you able and willing to come into school and help?

Freemans Bay School and You

What do you feel Freemans Bay School can do for your child?

Why did you choose Freemans Bay School for your child?