



**MACLEANS PRIMARY SCHOOL  
PUPIL ENROLMENT FORM**

<b>Student Details</b>		<b>Zone: In/Out</b>	
Legal Surname:		Address:	
Legal First Name/s:			
Preferred Name:		To attend religious instruction: Yes/No      Initial	
Date of Birth:		Male/Female (Please circle)	
Eldest child at this school:		Place in Family:	Year Level:
Country of Birth:		Date in NZ if born overseas:	
NZ Residency/Citizenship Yes/No		Home Language:	
Ethnicity 1:	2:	3:	
Iwi/Hapu 1:	2:	Attend: Ready Set Go: Yes/No	
Previous school/centre attended:			

<b>Primary Parent/Caregiver Details: Mother/Father/Guardian/Other (please circle)</b>			
Title:	Legal Surname:	First Name:	
Home Address if different to pupil:			
Country of Birth:		Email:	
Mob:	Home:	Work:	Occ:

<b>Secondary Parent/Caregiver Details: Mother/Father/Guardian/Other (please circle)</b>			
Title:	Legal Surname:	First Name:	
Home Address if different to pupil:			
Country of Birth:		Email:	
Mob:	Home:	Work:	

**Office Use Only**

ESOL		Permission/Digital	School No.	
Birth Certificate			NSN:	
Passport & Visa			Start Date:	
New Entrant Visits/RSG		Date:	Room/House:	

### Emergency Contacts (not parent/caregiver)

Name: Ph: Relationship:

Name: Ph: Relationship:

If both parents are working, who is your child's caregiver before and after school?

Name: Ph:  
Does your child attend 'Before & After School Care'? Y/N If yes, please specify:

Digital/Internet/Photographs/Videos/Written Work on Website: Yes/No Initial:

### Early Childhood Education - Ministry of Education Questionnaire

Did your child attend an ECE service in the six months prior to starting school? Yes/No Years:

If yes, how many hours per week did your child attend this service? Hours Attended:

Kohanga Reo		Playcentre		Kindergarten or Education and care centre	
Home based service		Playgroup		Correspondence school	
Attended, but only outside NZ		Did not attend		Unable to establish if attended or not	

### Health, Learning and Behaviour

Has your child had a B4 School Check? Yes/No Has your child been fully immunised? Yes/No

I consent to my child's vision and hearing tested? Yes/No Immunisation Certificate Sighted? Yes/No

Vision: Hearing: Speech:

Allergies: Medications:

Learning/Behaviour Needs: Doctor:

Special Needs/Resourcing/Agencies

Other information/requests: (attach further information as required)

### Custody Access

Court order issued? Yes/No/Not Applicable (attach further information as required)

Extra copy of school report to: Address:

Members of your family likely to attend this school in the future: 1. DOB:  
2. DOB: 3. DOB:

#### Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

#### Parent Declaration

I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school. All information that I have provided is true and correct.

I have read and accepted the privacy statement and parent declaration.

Parent/Caregiver ..... Date.....