

Please complete all relevant sections except those in red for school to complete)

**STUDENT'S NAME** (Use full legal names, and then preferred names (but only if different))

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

Preferred First Name (if needed) \_\_\_\_\_

Preferred Surname (if needed) \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Gender:     Male                       Female

Intended Start Date \_\_\_\_\_

Intended Year Level \_\_\_\_\_

**(School to complete)**  
**Student Code** \_\_\_\_\_      **NSN** \_\_\_\_\_      **Student Type** \_\_\_\_\_

Please list any siblings (including half or step) who are attending or have attended this school;

Please list any siblings (and their d.o.b) who will/may be attending Balclutha School in the future;

**Primary Contact Details**  
Only use "Restricted Access" and "Custody" where custody is an issue. If there is a court order issued, please supply a copy to the school. Please nominate one bill payer.

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Salutation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone (and extension if necessary) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bill Payer     Restricted Access     Custody

Physical Address \_\_\_\_\_

\_\_\_\_\_

This is the student's place of residence

**Secondary Contact Details**  
Only use "Restricted Access" and "Custody" where custody is an issue. If there is a court order issued, please supply a copy to the school. Please nominate one bill payer.

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Salutation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone (and extension if necessary) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bill Payer     Restricted Access     Custody

Physical Address \_\_\_\_\_

\_\_\_\_\_

This is the student's place of residence

**Emergency Contact 1** (someone we can contact if we are unable to contact Primary or Secondary Contact.)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Salutation: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact 2** (someone we can contact if we are unable to contact Primary or Secondary Contact.)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Salutation: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SCHOOLING:** 'Preschool' is only relevant if your child is entering this school at year 1. If your child is a new entrant, put N/A under previous NZ school. If your child was last at a non-NZ school put 'overseas school'. 'First schooling date' is the date your child first attended primary school.

Preschool:

- Attended Early CE but type unknown
- Attended Kindergarten, Playcentre, Education and Care or Home based Service (includes by correspondence)
- Attended Kohanga Reo
- Attended Playgroup or Pacific Islands EC group
- Did not attend any type of early childhood centre

Number of hours attended Pre School per week : \_\_\_\_\_ for past 1, 2, 3, 4, 5 (please circle) year(s)

First primary schooling date (dd/mm/yy) \_\_\_\_\_ Previous NZ School: \_\_\_\_\_

Previous NZ School Address: \_\_\_\_\_

**SCHOOL / HOME CONTACT :**

Receive weekly newsletters:  email (as per this enrolment form)  hard copy

<i>(School to complete)</i> Intended Home Class _____	House Group _____
Teacher _____	Intended Funding Level _____

**ETHNICITY** – For "Citizenship" name the country/countries your child is a citizen of. For "Verification Document" please supply birth certificate or passport. (Please note all students enrolling in a New Zealand School for the first time must supply verification document.)

Ethnicity: 1: \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If Māori, Iwi: 1: \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Citizenship: \_\_\_\_\_

Eligibility  NZ Citizen  NZ Resident  Other \_\_\_\_\_

Verification Document: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date in NZ (dd/mm/yy) \_\_\_\_\_ Expiry Date (dd/mm/yy) \_\_\_\_\_ Exchange Scheme \_\_\_\_\_

**LANGUAGES (OTHER THAN ENGLISH)** - This section is for languages other than English. Where the child is fluent write under 'Spoken'. Where the child is not fluent, but learning, write under 'Learning'. For 'First Language' write the child's home / first learnt language. Please leave 'Māori Language hours per week' for the office.

First Language: \_\_\_\_\_ Learning Language: \_\_\_\_\_

Spoken Languages: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<i>(School to complete)</i> Māori Language hours per week: _____
---------------------------------------------------------------------

**HEALTH AND DISABILITY**

**MEDICAL CONTACTS:**

Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMMUNISATION** (Please supply a copy of Immunisation certificate)

Fully  Partly  Not

**ALLERGIES / CONDITIONS / TREATMENTS** (please list all relevant documentation and note if the condition is critical.)

---

---

---

**Disability:**             Yes             No            Details \_\_\_\_\_

**Special Needs:**     Yes             No            ORRS Level:    Very High     High             Non-ORRS

Details: \_\_\_\_\_

**PASTORAL NOTES**

Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from the physical address, religion, talents, interests, living arrangements, times contacts are available, court order details etc.

---

---

---

---

---

---

**CONSENTS:** Please check  the consents that you agree with for your child

- Sudden Injury** – I give permission for the school to make decisions in case of sudden illness or injury of my child.
- Panadol** – In the event that the school is unable to contact me I give permission for the school to administer Panadol to my child if needed and understand that the school will advise me as soon as possible.
- Community Health / Oral Technician (i.e Dental Nurse)** – I give permission for my child to be assessed and treated by the School Oral Technician, or any Community Health members.
- Publication of Original Works** - I give permission for the school to publish original works of my child in any school publications, along with my child's name, class and age.
- Publication of Photo** - I give permission for the school to publish any photos of my child, along with their name, age and class in any school publication.  
Alternatively, I give permission for the school to publish:    Photo only, no names     Photo and first name only
- Class List** – I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list.
- Future Schools** - I give permission for my child's name and contact details to be forwarded to potential intermediate or secondary schools.
- Internet** – I give permission for my child to have supervised access to the internet while at school.
- Outdoor Education** – I give permission for my child to partake in Outdoor Education provided by the school.

**Declaration** - I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Document Check <i>(Please ensure copies of the following documents are attached as necessary)</i> <input type="checkbox"/> <i>Verification of Identity (Birth Cert/Passport)</i> <input type="checkbox"/> <i>Residency documentation</i> <input type="checkbox"/> <i>Immunisation Certificate</i> <input type="checkbox"/> <i>Proof of Address</i> <input type="checkbox"/> <i>Court Order</i>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------