

STOKE SCHOOL



ENROLMENT FORM

STUDENT DETAILS:		DATE OF ADMISSION:		BOY/GIRL	BIRTH DATE:		HOME LANGUAGE:			
LEGAL FAMILY NAME:				Date Started at <u>First School</u> : ____/____/____			Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)	
LEGAL FIRST NAMES:				PREVIOUS SCHOOL:						
ADDRESS:				Kōhanga Reo Playcentre Kindergarten or Education and Care Centre Home based service Playgroup Correspondence School						
E-MAIL ADDRESS for Newsletters:										
PHONE:	ETHNIC GROUPS & IWI: (preference order 1 - 3)			1/	2/	3/				
ADMISSION N°	NSN:	CLASS:	ROOM:	TEACHER:		HOUSE TEAM:				
PARENT/GUARDIAN	TITLE	FAMILY NAME	FIRST NAMES			OCCUPATION: COMPANY/FIRM ETC:		PHONE:		
PARENT/GUARDIAN	TITLE	FAMILY NAME	FIRST NAMES			OCCUPATION: COMPANY/FIRM ETC:		PHONE:		
EMERGENCY CONTACT & RELATIONSHIP:				PHONE:		DOCTOR:	PHONE:			
CUSTODY/ACCESS, SCHOOL REPORT ARRANGEMENTS:										
HEALTH	IMMUNISATION CERTIFICATE:	ALLERGIES:	MEDICATION:	SIGHT:	SPEECH	HEARING:	ANY CONDITION OR ILLNESS OF WHICH THE SCHOOL SHOULD BE AWARE:			
OTHER FAMILY MEMBERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE										
NAME:		DOB:	NAME:		DOB:	NAME:		DOB:		
<ul style="list-style-type: none"> ❖ I agree to abide by the school's compulsory uniform policy and also to the policy regarding the use of computers, the Internet and e-mail. ❖ I agree to my child/children's work and photos being logged onto the school website after careful censoring by school staff. ❖ 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 of my child's name and address on request to a potential intermediate or secondary school. ❖ 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 consent to my child taking part in Education Outside The Classroom (EOTC) activities governed by the Safety Procedures outlined in School Policies. ❖ Unless, with prior arrangement with the Principal or Teacher, no cell phones are to be brought to school and the school will not be responsible if they are. 										
SIGNATURE OF PARENT/GUARDIAN _____							DATE: _____			