



# PRE-ENROLMENT FORM

## **Child's Details:**

Surname: \_\_\_\_\_  
First Name/s: \_\_\_\_\_  
Preferred Name (if different to above): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Boy / Girl  
Intended Start Date: \_\_\_\_\_  
Country of citizenship: \_\_\_\_\_ NZ Residency: Yes / No  
Ethnic Groups Child relates to: \_\_\_\_\_ Home Language: \_\_\_\_\_

## **Parents/ Caregiver Details:**

### **First Contact**

Surname: \_\_\_\_\_  
First Name/s: \_\_\_\_\_  
Relationship to child e.g. mother, father: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Second Contact**

Surname: \_\_\_\_\_  
First Name/s: \_\_\_\_\_  
Relationship to child e.g. mother, father: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Any health or other information we need to know about your child:**

*In terms of the Privacy Act, I understand the information on this form is collected as part of the essential information the school requires to enrol my child.*

**Signature of Parent/Caregiver:**

**Date:**