



ENROLMENT FORM

Mission Statement

To actively prepare each child to take responsibility for their own life-long learning, values and behaviour, in partnership with the home and community.

Office Use Only – Checklist

- | | |
|---|--|
| <input type="checkbox"/> Verification of DOB or Residency | <input type="checkbox"/> Verification of Address |
| <input type="checkbox"/> Students Image | <input type="checkbox"/> Internet/ICT |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Hearing & Vision |
| <input type="checkbox"/> Immunisation | <input type="checkbox"/> Enrolment Questionnaire |
| <input type="checkbox"/> ENROL | <input type="checkbox"/> Bus List |
| <input type="checkbox"/> Class Lists | <input type="checkbox"/> School House List |
| <input type="checkbox"/> Medical File | <input type="checkbox"/> SMS |

Enrolment Number:

Enrolment Date:

Year level:

Teacher:

Today's Date:

Bus Required:

Main Road Pinevalley Stillwater

CONFIDENTIAL

SILVERDALE SCHOOL ENROLMENT FORM

PUPIL DETAILS

Legal surname:.....

Preferred surname:.....

Student's legal first name:.....

Student's preferred first name:.....

Physical Address:.....

.....

Postal Address:.....

.....

DOB:.....

Phone:.....

Mobile:.....

Email:.....

In Zone Out of Zone Verification of Address

Ethnicity: (up to 3) NZ Pakeha NZ Maori

Asian European Pacific Island

Other:.....

Hapu Affiliation:.....

Iwi student belongs to – if applicable (up to 3)

.....

Affiliation:.....

Language/s spoken at home:.....

Boy/Girl Living with:.....

Place in Family of

School/childhood centre previously attended:

.....

Class level at School:.....

Start Date at Silverdale School:.....

Child born in NZ: Yes No

Copy of birth certificate attached Yes No

If no, copy of passport attached Yes No

Visa Status: Expiry.....

Country of Birth:.....

ESOL Assistance Required: Yes No

Special needs/Extra help:.....

Stand down/suspended:.....



PARENT / CAREGIVER DETAILS

Name of first parent/caregiver: Mr/Mrs/Ms/Miss

.....

Father/Mother/Guardian (circle one)

Address if different from above:.....

.....

Home Phone:.....

Mobile:.....

Work Phone:.....

Occupation:.....

Name of second parent/caregiver: Mr/Mrs/Ms/Miss

.....

Father/Mother/Guardian (circle one)

Address if different from above:.....

.....

Home Phone:.....

Mobile:.....

Work Phone:.....

Occupation:.....

EMERGENCY CONTACTS (different from parent/caregiver details)

First Emergency Contact:.....

Ph:..... Mobile:.....

Relationship to child:.....

Second Emergency Contact:.....

Ph:..... Mobile:.....

Relationship to child:.....

I have a special hobby/area of expertise I could share with school: Yes No

Details:.....
.....

I am interested in PTA: Yes No

Board of Trustees: Yes No

Names of preschoolers likely to attend this school:

1 Date of Birth.....

2 Date of Birth.....

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. The records made from this information may be viewed on request at the school. I approve the forwarding on of information to appropriate educational and health authorities, within the limitations of the privacy act. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I also agree to the announcement of my child's achievements in any school publications or at school assemblies. 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.

Signed:.....(Parent/Caregiver)

Additional Information:

If you would like to receive our school newsletter by email please go to
www.silverdaleprimary.school.nz