

# VISCOUNT SCHOOL ENROLMENT FORM

NAME: \_\_\_\_\_ **BOY / GIRL**

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERIFIED: \_\_\_\_\_

BORN WHERE: N.Z. / OVERSEAS      **IF OVERSEAS – WHEN DID HE /SHE ENTER N.Z.:**

IMMUNISATION CERTIFICATE:  
FULLY VERIFIED/ NOT FULLY VERIFIED \_\_\_\_\_

NATIONALITY: SAMOAN / TONGAN / NIUEAN / CHINESE /  
EUROPEAN / INDIAN / COOK ISLAND / OTHER

MAORI / IWI:

\_\_\_\_\_  
PRE-SCHOOL: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

LAST SCHOOL: \_\_\_\_\_ CLASS: \_\_\_\_\_

\* SPECIAL THINGS WE SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
ENROLMENT

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ADMIN. NO.: \_\_\_\_ / \_\_\_\_

CLASS: \_\_\_\_\_ ROOM: \_\_\_\_\_ NAME OF TEACHER: \_\_\_\_\_

-Dental Form    -Health Form