



# Viscount School

# ENROLMENT FORM

## STUDENT DETAILS

Male/Female

Legal Family Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Legal First Names: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Country of Birth: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Ethnicity: Maori – please state child's Iwi(s): \_\_\_\_\_

NZ European / Cook Island / Samoan / Tongan / Niuean / Fijian / Indian / Chinese / Other: \_\_\_\_\_

Residency Status: (Birth Certificate or Passport must be provided.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> NZ Citizen            | NZ Birth Cert/NZ Passport/Citizenship Cert No.: | _____   |
| <input type="checkbox"/> Permanent NZ Resident | Visa No.:                                       | _____ NZ Entry Date: ___/___/___                          |
| <input type="checkbox"/> Domestic Student Visa | Visa No.:                                       | _____ NZ Entry Date: ___/___/___ Expiry Date: ___/___/___ |
| <input type="checkbox"/> Other Visa            | Visa No.:                                       | _____ NZ Entry Date: ___/___/___ Expiry Date: ___/___/___ |

Last Primary School Attended: \_\_\_\_\_ Previous Year Level: \_\_\_\_\_

## SENSITIVE INFORMATION

Student lives with: (please tick)

- Both Parents    Shared Custody    Mother    Father    Guardian    Other: \_\_\_\_\_

Please state any other information (i.e. custody issues, restricted access...attach copies of documentation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CAREGIVER 1

Mr/Mrs/Miss/Ms. Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Residency Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Home Ph.: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## CAREGIVER 2

Mr/Mrs/Miss/Ms. Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Residency Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Home Ph.: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## EMERGENCY CONTACT

Mr/Mrs/Miss/Ms. Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Ph.: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**EARLY CHILDHOOD EDUCATION**

Did your child regularly attend ECE?

Yes, for the last \_\_\_\_\_ month(s)/year(s)       Not regularly       No, did not attend.  
ECE Centre attended: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

**SCHOOL HEALTH PROGRAMMES**

I would like my child to participate in the Fonterra Milk for Schools programme      YES / NO  
I would like my child to participate in the Fruits in Schools programme      YES / NO  
I would like my child to participate in the KidsCan programme      YES / NO

**MEDICAL DETAILS**

Family Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical conditions (i.e. asthma, diabetes, epilepsy, allergic reactions...please specify)

1. \_\_\_\_\_  
Medication held at school (Please circle one): Yes / No  
Severity: (Please circle one) Low Risk / Moderate Risk / Contact Caregiver(s)
2. \_\_\_\_\_  
Medication held at school (Please circle one): Yes / No  
Severity: (Please circle one) Low Risk / Moderate Risk / Contact Caregiver(s)
3. \_\_\_\_\_  
Medication held at school (Please circle one): Yes / No  
Severity: (Please circle one) Low Risk / Moderate Risk / Contact Caregiver(s)

Has your child received any learning support in the past (tick all that apply):  
ORS   RTLB   MOE   SLS   Teacher Aide

Has your child had any assessment for the following (tick all that apply):  
ADD/ADHD   Asperger's   Autism   Dyslexia   Other \_\_\_\_\_

Immunisation details (please provide proof):  
 Fully immunised to 15 months  
 Fully immunised to 4 years  
 Not fully immunised

I give permission for the Public Health Nurse to attend to my child when necessary:  
Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Enrolment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Enrolment Number: \_\_\_\_/\_\_\_\_  
Date First Started at N.Z. School: \_\_\_\_/\_\_\_\_/\_\_\_\_      National Student Number: \_\_\_\_\_  
Room: \_\_\_\_\_      Year: \_\_\_\_\_      Teacher: \_\_\_\_\_