MATAMATA PRIMARY SCHOOL ENROLMENT FORM

STUDENT INFORMATION		OFFICE USE
Child's Legal Surname:	**Previous School (If Applicable):**	Records: Requested ☐ Received ☐
First Name (Legal):	**Preschool Attended:** **Date Started:** **Hours Attended:**	
Preferred Name (Nickname):	**Current Class Year Level:**	Vaccination Record Sighted Yes/No
Address:	**Birth Date:** **Country of Birth:**	Birth Certificate Verified Yes/No
	Home Language: **First Language Spoken:**	ESL Funding Yes/No
Gender: MALE/FEMALE	**Bus Pupil: Yes/No** **Bus Number:**	Springboard: Yes/No
Place in Family: ……. / ……. Eldest Y/N	**Ethnic Origin:** ☐ NZ European ☐ Maori ☐ Dutch ☐ Chinese ☐ Pacific Island ☐ Middle Eastern ☐ Other (specify)	School House:
Other Siblings at Matamata Primary **Name:**_____**Rm**____ **Name:**_____**Rm**____ **Other Siblings Attending in Future:** **Name:**_____ **DOB**_____ **Name:**_____ **DOB**_____	If Maori please indicate: Iwi_____ Rohe_____ Would like to attend Kapa Haka: Yes / No	Enrolment No: / Entry Date ___/___/___ Age at 1 Jan Year Level: Teacher: Room No:
Bible in Schools Programme: Yes/No (Non denominational ½ hour weekly)	**Date to start at Matamata Primary School:** _____ **/**_____ **/** _____	Visa sighted and copied: Yes / No
If the student was not born in New Zealand please complete: *Nationality:* _____ *Passport Number:*_____ *Date of Entry into NZ:*_____ *Permanent Residency No:*_____ *Student Permit/Visa:*_____ *Parent Work Permit:*_____ *Expiry Date Student Permit:* _____ *Expiry Date Work Permit:*_____		Activity Fee Paid ☐ Stationery Paid ☐

PARENT/CAREGIVER INFORMATION

Title **First Name** **Family Name** Mr/Mrs/Miss/Ms	Occupation:
	Employer:
Address:	Relationship to Child: Mother / Father / Caregiver
	Child's Legal Guardian? Yes / No
Phone: Home Work: Mobile: E-mail:	
Title **First Name** **Family Name** Mr/Mrs/Miss/Ms	Occupation:
	Employer:
Address:	Relationship to Child: Mother / Father / Caregiver
	Child's Legal Guardian? Yes / No
Phone: Home Work: Mobile: E-mail:	
Custody / Access Arrangements: **Parenting Order Issued: Y / N / NA** (Please attach copies of documents)	
Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Caregiver	

EMERGENCY CONTACT

1st	Name:	Phone:	Mobile:
2nd	Name:	Phone:	Mobile:

CHILD'S MEDICAL INFORMATION

DOCTOR:	Phone:
DENTIST:	Phone:

MEDICAL CONDITIONS AND ALLERGIES (Attach diagnosis details and information)

Type: Mild / Moderate / Severe Medication: Self-Medication Procedure:	Type: Mild / Moderate / Severe Medication: Self-Medication Procedure:	SENSORY DETAILS Sight: Speech: Hearing:
Has your child been to a dental clinic Yes / No	Last Clinic Attended:	
LEARNING INFORMATION: Special Ability / Interests / Needs – Details:	**BEHAVIOURAL INFORMATION:** Details:	