



PERSONAL STUDENT DETAILS Please provide: a) birth certificate/passport - if born in New Zealand, b) passport - if not born in New Zealand

First name: Surname: Preferred name: Previous school: Gender: Male Female Date of birth: Address: Year level: 7 / 8 Mail to whom:

ETHNICITY

- NZ European NZ Maori Iwi Pasifika (please specify)

Country of birth: Asian (please specify) Other (please specify) (Tick more than one if applicable)

First language learnt/spoken from birth: Main language currently spoken at home:

NATIONALITY (If NOT a New Zealand Citizen - please complete the following and provide passports)

Country of Citizenship:

1) Visa Type (Parent)

Work / Student / Permanent Resident / Other Visa expiry date:

Parent's passport number:

2) Visa Type (Student)

Student / Permanent Resident / Other Visa expiry date:

Student's passport number:

STUDENTS NOT BORN IN NEW ZEALAND

Refugee (please circle) Yes No

Date of entry to New Zealand:

Date first started school in NZ:

Total years of schooling overseas:

Total years of schooling in NZ:

CAREGIVER 1

Relationship to student:

Title: Family name:

Occupation:

First name:

Workplace:

Address:

Email:

Phone: Mobile phone: Work phone:

CAREGIVER 2

Relationship to student:

Title: Family name:

Occupation:

First name:

Workplace:

Address:

Email:

Phone: Mobile phone: Work phone:

Please complete reverse side

OFFICE USE ONLY

Table with 6 columns: TECH, HOUSE, ETAP, ENROL, ENROLMENT NO., ROOM NO.

EMERGENCY CAREGIVER 1 (other than parents/caregivers)

Name: _____

Address: _____

Phone: _____

Relationship to student: _____

LEARNING SUPPORT:Does your child have learning needs? **YES / NO**Please State: _____
_____**CUSTODY ISSUES** *Note custody issues here. Attach copy of Court Order, etc*

MEDICAL INFORMATION: To help us care for your child in any illness or emergency situation, would you please answer the following questions. This information will be strictly confidential (Privacy Act 1993) and will only be revealed to necessary staff members to ensure the safety of your child. If you wish to discuss any health concerns further, contact the School First Aider on 4446582 ext 802.

- Medication:** I give permission for Panadol to be administered if required. Yes No
- Existing Medical Conditions** (eg Asthma, Diabetes, Epilepsy, Rheumatic Fever, Hepatitis A, B, or C, HIV, Glandular Fever, Migraines, Heart Conditions, ADHS, Nose Bleeds, Skin condition) _____

- Asthma Sufferers Only:** Reliever: _____ Preventer: _____
Has your child been hospitalised with Asthma? _____ Does your child have an Asthma Plan? _____
If "yes", please give a copy of the Plan to the school office.
- Allergies:** _____ **Treatment** _____
Does your child have an Anaphylaxis Plan? _____ If "yes", please give a copy of the Plan to the school office
- Family Doctor:** _____ **Phone No:** _____

PARENT/CAREGIVER UNDERTAKING

- I will support the school to ensure that my child will (a) be punctual; (b) wear correct uniform (clearly named); (c) obey school rules
- Where my child damages school property I will make some form of restitution.
- I agree to pay the technology/specialist levies
- I give permission for the personal and educational data collected relating to my child to be stored and used as defined in the Privacy Act 1993 and disclosed to the next school my child attends
- I will advise the school office of any change of address or contact telephone numbers
- I will also advise the school office in the event of any custody changes that may affect access to my child
- If a child requires special medication at school, a Medical Consent form must be filled out. Medication must be labelled clearly and instructions explicit. Medication will be kept in the Health and Well-being Room.

Signature : _____ Date: _____