

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

Family name: _____ Previous school / pre-school: _____
 First name: _____ Gender: Male / Female Current Year Level: ____
 Preferred name: _____ Date of birth: ____ / ____ / ____
 Country of birth: _____
 Address: _____
 Phone: _____ Email: _____ Send mail to: Mum / Dad / Caregiver

ETHNICITY *(tick more than one if applicable)*

NZ European Pasifika (please specify) _____
 NZ Maori Iwi _____ Other (please specify) _____
 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 passport)*

Country of Citizenship: _____ Date of entry to New Zealand: _____
 Total Years of Schooling in New Zealand: _____ Date first started school in New Zealand: _____
 1) **Visa Type (Parent)** Name: _____ Visa expiry date: ____ / ____ / ____
 Work / Student / Permanent Resident / Other _____ Passport expiry date: ____ / ____ / ____
 Parent's passport number: _____
 2) **Visa Type (Student)** Visa expiry date: ____ / ____ / ____
 Student / Permanent Resident / Other _____ Student's passport number: _____
 Passport expiry date: ____ / ____ / ____

YOUNGER BROTHERS AND SISTERS - PRE-SCHOOLERS:

Name: _____ Male / Female Date of Birth: _____
 Name: _____ Male / Female Date of Birth: _____

MOTHER/CAREGIVER

Relationship to student: _____
 Title: _____ Family name: _____ Occupation: _____
 First name: _____ Workplace: _____
 Address: _____ Email: _____
 Phone: _____ Mobile Phone: _____ Work Phone: _____

FATHER/CAREGIVER

Relationship to student: _____
 Title: _____ Family Name: _____ Occupation: _____
 First Name: _____ Workplace: _____
 Address: _____ Email: _____
 Phone: _____ Mobile Phone: _____ Work Phone: _____

Child Lives with: (circle one) Both parents Mother Father Caregiver Partner Grandparents Step Parent

EMERGENCY CONTACT (other than parents)

Name: _____ Address: _____
 Phone: _____ Mobile Phone: _____
 Relationship to student: _____

OFFICE USE ONLY

_____	NSN #	Enrolment #	_____	Start Date	_____	Year	_____
<input type="checkbox"/>	Esol	House	_____	Vaccinations	_____	Room	_____
<input type="checkbox"/>	Birth Cert/ppt						

ENROLMENT FORM

(Please tick appropriate box)

GENERAL COMMENTS: (English language, custodial arrangements, behavioural, food restrictions)

Custody Issues - A copy of the court papers must be provided within 7 days of enrolment

FAMILY DOCTOR: Name: _____ Phone: _____

ALLERGIES / ASTHMA: _____

OTHER MEDICAL/HEALTH CONCERNS: _____

PARENT/CAREGIVER UNDERTAKING

Please tick

- | | |
|--|--------------------------|
| (1) I will support the school by ensuring that my child will be on time and wear the <i>full Marlborough School uniform</i> (clearly named) | <input type="checkbox"/> |
| (2) If my child intentionally damages school property I will endeavour to make some form of restitution. | <input type="checkbox"/> |
| (3) I understand that the personal and educational data collected relating to my child will be stored and used as defined in the Privacy Act 1993 and will be forwarded to the next school my child attends. | <input type="checkbox"/> |
| (4) I give authority to the Principal to act on my behalf in any medical/health and safety emergency. | <input type="checkbox"/> |
| (5) I give permission for my child to attend all school approved educational visits and trips made by charter/private car transport. (see # 10) | <input type="checkbox"/> |
| (6) I agree to abide by all Marlborough Primary School Board of Trustees policies. | <input type="checkbox"/> |
| (7) I give permission for my child's photo to be used to promote the school. eg. School prospectus, newsletter, newspaper article | <input type="checkbox"/> |
| (8) 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. | <input type="checkbox"/> |
| (9) I accept the terms and conditions of the Student Computer and Internet Use Agreement
I have read and signed the Online Publication of Student Images Policy related to our website | <input type="checkbox"/> |
| (10) I understand that full payment of the Annual Donation/Contribution covers the cost of all in-school performances, class trips and Life Education (excludes Year 5/6 camp) | <input type="checkbox"/> |
| (11) In the event of my child having a fever or mild pain at school, I give permission for paracetamol to be administered
By the Office Staff until I/we can collect him/her. | <input type="checkbox"/> |

Parent / Caregiver Name: _____

Signature: _____

Date: _____