

PERSONAL STUDENT DETAILS <i>Please provide: a) birth certificate - if born in New Zealand, b) passport - if not born in New Zealand</i>		
Family name: _____	Previous school / pre-school: _____	
First name: _____	Gender: Male / Female Current Year Level: ____	
Preferred name: _____	Date of birth: ____ / ____ / ____	
Address: _____	Country of birth: _____	
Phone: _____	Email: _____ Send mail to: _____	
ETHNICITY <i>(tick more than one if applicable)</i>		
<input type="checkbox"/> NZ European	<input type="checkbox"/> Pasifika (please specify) _____	
<input type="checkbox"/> NZ Maori Iwi _____	<input type="checkbox"/> Other (please specify) _____	
First language learnt/spoken from birth : _____	Main language currently spoken at home: _____	
NATIONALITY <i>(If NOT a New Zealand Citizen - please complete the following and provide passport)</i>		
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: _____		
Work / Student / Permanent Resident / Other _____	Visa expiry date: ____ / ____ / ____	
Parent's passport number: _____	Passport expiry date: ____ / ____ / ____	
2) Visa Type (Student)		
Student / Permanent Resident / Other _____	Visa expiry date: ____ / ____ / ____	
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		
Title: _____ Family name: _____	Relationship to student: _____	
First name: _____	Occupation: _____	
Address: _____	Workplace: _____	
Phone: _____	Email: _____	
Mobile Phone: _____	Work Phone: _____	
FATHER/CAREGIVER		
Title: _____ Family Name: _____	Relationship to student: _____	
First Name: _____	Occupation: _____	
Address: _____	Workplace: _____	
Phone: _____	Email: _____	
Mobile Phone: _____	Work Phone: _____	
Child Lives with: (circle one) Both parents Mother Father Caregiver Partner Grandparents Step Parent		
EMERGENCY CONTACT <i>(other than parents)</i>		
Name: _____	Address: _____	
Phone: _____	Mobile Phone: _____	
Relationship to student: _____		

OFFICE USE ONLY

	Enrol	Enrolment #		Start Date		Year	
	Esol						
	Birth Cert	House		Vaccinations		Room	