

STUDENT DETAILS <i>Please provide: birth certificate - if born in NZ or) passport - if not born in NZ</i>		
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: _____		
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

	NSN #	Enrolment #		Start Date		Year	
	Esol						
	Birth Cert/ppt	House		Vaccinations		Room	

ENROLMENT FORM

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)

Do you have any children who are currently attending Marlborough School? Yes / No

Name: _____ Year Level: _____

Name: _____ Year Level: _____

FAMILY DOCTOR: Name: _____ Phone: _____

ALLERGIES / ASTHMA: _____

OTHER MEDICAL/HEALTH CONCERNS: _____

PARENT/CAREGIVER UNDERTAKING

- | | |
|--|--------------------------|
| (1) I will support the school by ensuring that my child will be on time and <i>wear the 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) 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: _____

ENROLMENT FORM

Early Childhood Attendance Information

Early Childhood Education (6 months prior to starting school only)

Please complete the information below.

1. If your child was **attending more than one service at the same time**, enter hours per week for up to 3 services.
2. If your child **attended one service but changed to a different service within 6 months prior to starting school**, complete the table for the **LAST SERVICE ONLY** (not both)
3. If attendance hours varied or you are unsure, enter an approximate number of hours per week.

Please enter number of hours per week for up to 3 services	1	2	3
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten OR Education and Care Centre			
d. Home-based Service			
e. Playgroup			
f. The Correspondence School - Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand			
h. Attended, but don't know what type of service			
i. Did not attend			
j. Unable to establish if attended or not			

DID YOUR CHILD REGULARLY ATTEND EARLY CHILDHOOD EDUCATION?

'Regularly attend' means your child was booked in to a service for sessions each week/fortnight and generally attended unless they were sick, or on holiday, or had a family occasion.

Please tick (✓) one of the following:

Yes, for the last ____ years		Not regularly, only occasionally with on-going schedule		No, did not attend ECE	
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