

KAKATAHI SCHOOL ENROLMENT FORM

STUDENT'S DETAILS

MALE

FEMALE

Family Name:

Given Names: Known as:

Address:.....

Home Telephone IWI:

Date of Birth

Country of Birth

Ethnic Origin:

...../...../.....
Day Month Year

.....

.....

Date Entered N.Z.

Do you have NZ Residency?

Language Spoken at Home

.....

YES

NO

(Please tick)

.....

PARENT/CAREGIVER DETAILS:

Name of Mother/Guardian – Caregiver 1

Name of Father/Guardian – Caregiver 2

.....

.....

Work Address:

Work Address

.....

.....

Occupation:

Occupation:

Home phone:

Bus. Phone:

Home phone:

Bus. Phone

.....

.....

.....

.....

STUDENT LIVES WITH (Please tick)

Both Parents

Mother

Father

Caregiver 1

Caregiver 2

EMERGENCY CONTACT PERSON Name :

Address:

Telephone No. :..... Relationship to the Student:

PREVIOUS N.Z. KINDERGARTEN AND/OR SCHOOL:.....

Office use only: Entry Date:Class: Room Enrol No.

MEDICAL INFORMATION

Doctor: Address: Ph:.....

IMMUNISATIONS UP TO DATE?

DATE OF LAST TETANUS?.....

Does your child have any allergies, medical requirements etc?

YES

NO

If YES please give details:.....

.....

PRIVACY ACT – CONSENT FORM

To meet the requirements of the Privacy Act, we need your permission to manage information about your Child. To assist in this we would like your approval to:

1. *Collect such data as is relevant to the educational and social needs of your child from the child's previous school or pre-school.*
2. *Pass on such data as is relevant to the educational and social needs of your child to the next school your child attends.*
3. *Collect, whilst your child is attending Kakatahi School, such data as is deemed necessary to ensure your child's academic and social needs are met while at this school.*
4. *Allow, with the identity of the individual being protected, such information as is legitimately requested by official government agencies to be passed on to these agencies.*
5. *Allow your child's name and address to be given to the School's Public Health Nurse, Visiting Teacher or other Education/Health agencies in the event that the Principal deems the passing on of this information is in the best interests of the child.*
6. *Allow the educational information gained at the School to be used for research purposes on the condition that the information does not reveal the identity of the individual.*

I approve of Kakatahi School taking the action listed in the above clauses 1-6

Signature of Parents & Caregivers: Date:

Print Name Clearly:

EMAIL ADDRESS

Important: If this is the child's first enrolment at a New Zealand School:

Birth Certificate or Passport sighted Yes / No

Kakatahi School 4315 Parapara Road, RD 3 , Whanganui 4573