

# HILLSBOROUGH PRIMARY SCHOOL

## ENROLMENT FORM



The school is required to sight original documents and will make a photocopy for our records. Photocopied documents, certified by a Justice of the Peace as true copies of the original, may be submitted.

An application will only be accepted when the applicable supporting documents are provided:

### 1. Birth Certificate or Passport

2. **Utility account** (eg. power or phone) showing a parent's name and address as stated (for In Zone Applications only).

### 3. Immunisation Records

## 1. Applicant's Details

First Names:	BOY / GIRL	Date of Birth:
Family Name:	Verified: Birth Cert. / Passport	
Preferred Name:	Date to start school:	
Address:	Home Phone:	
Country of Birth:	Country of Citizenship:	
If Not NZ Citizen Residency Permit / Student Visa Expiry Date of Visa: Date of entry into NZ:	Ethnic Group:  Iwi Affiliation:	
Home Language: If English is not the first language, please circle English ability :FLUENT      SOME      NONE		
Previous School: (if applicable)		

## 2. Parent's Details

MOTHER	FATHER
Title:	Title:
First Name:	First Name:
Family Name:	Family Name:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work Phone:
Cell Phone:	Cell Phone:
Email address:	Email address:
Occupation:	Occupation:

### 3. Early Childhood Education

Did your child regularly attend Early Childhood Education in New Zealand?

- Yes, for \_\_\_\_\_ years(s)  
 Not regularly, only occasionally  
 No, did not attend Early Childhood Education

If yes, name of Early Childhood Centre: \_\_\_\_\_

Please fill in the box below with details of the Early Childhood Education service(s) your child used in the last 6 months?

	Number of hours per week:
a. Kohanga Reo	
b. Playcentre	
c. Kindergarten or Day Care Centre	
d. Home Based service	
e. Playgroup	

Or,

If no, please fill in the box below.

	Tick the appropriate box
f. Attended Early Childhood Education in another country Name of country: _____	
g. My child was cared for by family	
h. Did not attend any Early Childhood Education	

## 4. Other Contact Details

Title:	Title:
First Name:	First Name:
Family Name:	Family Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Relationship to Child:	Relationship to Child:

## 5. Medical

Does your child have any allergies:
Does your child take any regular medication:
Does your child have any other serious medical problems:
Has your child received up-to-date vaccinations? <b>YES / NO</b> <i>(please attach certificate)</i>

## 6. Other Information

I give permission for photos of my child to be displayed in and around the school, and on the school website. <b>YES / NO</b>
I give permission for my name, child's name and contact details to be forwarded to the parent support group for the purposes of communication, school news and events notifications. <b>YES / NO</b>
Can your child take part in Bible lessons? <b>YES / NO</b> Half hour session Friday morning.
Does your child need Learning Support or have Behaviour or Social Issues?
Does your child have any Family or Custody Issues?
I confirm that we will be living in the Hillsborough School Zone for at least 6 months after my child starts school. <b>YES/NO</b>
Names of brothers/sisters currently attending Hillsborough Primary School:
<i>In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding on of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I agree to my child being given any medical treatment in the case of any emergency. In signing this form I agree to abide by the Hillsborough Primary School Board of Trustees policies.</i>
<b>Signature of Parent/Guardian</b> _____ <b>Date:</b> _____

### OFFICE USE ONLY

In Zone / Out of Zone Principal's Signature: _____ Date: _____
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