

# Totara Park School

## Enrolment Form

### Pupil's Personal Information Is the child a NZ citizen? Yes / No

Date of Birth \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_  
(Birth Certificate must be sighted)

Last Name \_\_\_\_\_ First Names \_\_\_\_\_

Gender: Male / Female Ethnic Origin: Maori (Iwi Required please)/ NZ European /Other: (Please State)

Child lives with Mother/Father/Caregivers Iwi \_\_\_\_\_  
(Please Circle)

Address [Home] \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Email address \_\_\_\_\_

### Parent Information

Mother[Guardian] \_\_\_\_\_ Occupation \_\_\_\_\_  
(if different from child's)

Address \_\_\_\_\_ Phone[Home] \_\_\_\_\_ [Work] \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father [Guardian] \_\_\_\_\_ Occupation \_\_\_\_\_  
(if different from child's)

Address \_\_\_\_\_ Phone[Home] \_\_\_\_\_ [Work] \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Kindergarten/Playcentre/Preschool** \_\_\_\_\_

**Previous School's Name and address** \_\_\_\_\_  
(please fill out if arriving from another school)

Current Year Level \_\_\_\_\_

### Health and Medication

(Immunisation certificate must be produced at start of school)

Family Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Health and Medication: [Name any medical conditions, allergies etc.] \_\_\_\_\_

Pupil medication provided for school use(details please) \_\_\_\_\_

In case of emergency,[medical or civil defence]please list two alternative people we could contact.

Name	Relationship to child	Phone number
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_____	_____	_____
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Are there any other children in your family likely to attend Totara Park School?

Name	Age
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Name(s) of any person **forbidden** by law to have access to your child. (A copy of the legal document pertaining to this must be provided)

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Please answer the following by circling the appropriate response.

- Are you happy to have your child seen by the hearing and vision people? Yes No
- Are you happy to have the Public Health Nurse see your child? Yes No
- Are you happy to have the school administer sunscreen and basic first aid to your child? Yes No
- Are you happy for this school to send your child's records onto their next school? Yes No
- Are you happy for your name and phone number to go on the school list for the Home and School Assn and for the Board of Trustees to contact you? Yes No
- Has your child got your permission to go on walks around the local school environment, with the class and the teacher, looking items of interest? eg. autumn colours, road rules etc. Yes No
- Are you happy for your child's photograph or artwork to be used for publicity purposes? Yes No
- I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation? Yes No
- I have made the principal aware of any history concerning this child involving stand-downs and/or suspensions? Yes No

**Consent under the Privacy Act 1993 and Declaration by Parent[s] / Guardian[s]**

To the best of my knowledge the information contained in this enrolment form is true and correct. I acknowledge that the information contained in this enrolment form may be used by the school for dissemination to other institutions regarding the progress of my child. I agree that Totara Park School may obtain my child's records on my behalf.

Name of Parent[Guardian] \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

***For office use only***

Birth Certificate sighted

Immunisation Certificate attached

Admission number

Entry date

Year Level

Room

Teacher \_\_\_\_\_