WINCHESTER SCHOOL ENROLMENT FORM			
STUDENT DETAILS	DAT	E OF BIRTH: / /	
FAMILY NAME:	Veri		
	Date	e starting School:	
FIRST NAMES:		BOY / GIRL:	
NAME TO BE KNOWN BY:	_	rious School: ent Year Level:	
ADDRESS:	, 54	Previous Early Childhood Centre Attended:	
HOME TELEPHONE:POS		Dental Clinic:	
CELL PHONE: E-MAIL E-MAIL		 NZ Residency: Yes / No	
ELDEST CHILD AT THIS SCHOOL.		NZ Residericy. Tes / No	
ETHNIC GROUP (Please circle all that apply): NZ European; Maori, Chinese; Other European		Date Of Entry To NZ:	
COUNTRY OF BIRTH:		Language Spoken at Home:	
NATIONALITY:			
PARENTS' DETAILS			
MOTHER: Living with child: Yes / No		CCUPATION:	
Title: Surname: First Name:		ame of workplace: ork Telephone No:	
FATHER: Living with child: Yes / No		CCUPATION:	
Title: Surname First Name:	N	ame of workplace:	
OTHER CAREOUVERS (EMERGENCY CONTACT NAMES	W	ork Telephone No.	
OTHER CAREGIVERS / EMERGENCY CONTACT NAMES  Title Surname: First Name:		Telephone Number:	
Relationship to Child:		Number.	
Title Surname: First Name:		Telephone	
Relationship to Child:		Number:	
Title Surname: First Name: Relationship to Child:		Telephone Number:	
EARLY CHILDHOOD EDUCATION PARTICIPATION			
Service attended before starting school – please circle all that apply for attendance in the previous six months. If attending more than one service, please enter number of <b>hours per week</b> for up to three services.			
Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)	
Kohanga Reo Playcentre			
Kindergarten or Education Care Centre			
Home Based Service Playgroup			
Te Aho o Te Kura Pounamu			
Attended but only outside of NZ: DAttended but don't know type of con-	ioo : • Did not attand:	I Inable to establish if attended or not	
□Attended, but only outside of NZ; □Attended, but don't know type of service; □Did not attend; □Unable to establish if attended or not Did the child regularly attend Early Childhood Education?			
"Regularly Attended" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick or on holiday, or had a family occasion etc.			
☐ Yes, for the last year(s) ☐ Not regularly, only occasional			
<b>HEALTH:</b> State any health problems: Asthma, allergies, sight, hearing or medication to be taken at school.		of CUSTODY / ACCESS ARRANGEMENTS:  If this child does not live with birth mother or father, state access arrangements.  Court Order Issued? Yes / No / N.A	
DOCTOR:			
Is your child up-to-date with immunisations?   Yes No  OTHER DETAILS: Names of family members likely to attend this school:		D.O.B.	
OTHER DETAILS: Names of family members likely to attend this school:		D.O.B.	
After School Care: Name of Organisation:  Days collected from school:		Phone:	
Name and address of Parent not living with child (for Board of Trustees Electoral Roll)			
See Privacy Statement over the page.	I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.		
Signature of			
	Date:		

For Office Use: Entered on eTap	ertificate copied	Room Number: Year Level:
Immunisation Certificate Sighted: Y / N ← Copy Classroom Teacher □ Eldest in	Copied for File: Y / N	Enrolment Number:
	ees Invoiced  Address Supplied	Date Started at Winchester:

## **Privacy Statement**

Winchester School collects the information on this form to:

Enrol your child at school

Assess the educational needs of your child

Ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

Contact the school if you want to view or change your child's information.