

GLEN MASSEY SCHOOL ENROLMENT FORM *In Zone/ Ballot*

Student Details FAMILY NAME:	NZ Citizen/Resident Yes / No Immunised Yes / No GENDER: Male/Female/Diverse PREVIOUS SCHOOL (if applicable) Class/Year
FIRST NAMES:	
DATE OF BIRTH:/...../..... COUNTRY OF BIRTH:	
ADDRESS:	
ETHNIC GROUP IDENTIFIED WITH: Pakeha/European: Maori: Pacific Islands: Asian: Other: IWI/HAPU	

PARENTS/CAREGIVERS DETAILS

TITLE	FAMILY NAME	FIRST NAME	RELATIONSHIP TO CHILD	OCCUPATION
ADDRESS (if different to above):		Phone:		
		Email:		
TITLE	FAMILY NAME	FIRST NAME	RELATIONSHIP TO CHILD	OCCUPATION
ADDRESS (if different to above):		Phone:		
		Email:		

ALTERNATE EMERGENCY CONTACT: (not parents/caregivers) NAME: PHONE:	Medications/Medical Information (including regular or emergency meds): YES NO (add details, turn over page if more space needed) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Sight Ok</td> <td style="width: 33%; padding: 2px;">Ok for hearing & vision screening if required:</td> <td style="width: 33%; padding: 2px;">Ok for staff to administer basic first aid if required:</td> </tr> <tr> <td style="padding: 2px;">Hearing Ok.....</td> <td style="padding: 2px;">YES NO</td> <td style="padding: 2px;">YES NO</td> </tr> <tr> <td style="padding: 2px;">Speech Ok</td> <td></td> <td></td> </tr> </table>	Sight Ok	Ok for hearing & vision screening if required:	Ok for staff to administer basic first aid if required:	Hearing Ok.....	YES NO	YES NO	Speech Ok		
Sight Ok	Ok for hearing & vision screening if required:	Ok for staff to administer basic first aid if required:								
Hearing Ok.....	YES NO	YES NO								
Speech Ok										

SPECIAL NEEDS / OTHER INFO:
(Complete details over page if more space required)

OTHER PRE SCHOOL CHILDREN IN THE FAMILY (to ensure our pre-enrolment database is accurate for staffing)

Names:

Date of birth/s:

CUSTODY ARRANGEMENTS/SHARED LIVING ARRANGEMENTS:

Restricted Access: Yes / No Copy of Court Order: Yes / No

REPORT TO ABSENT PARENT (newletters, notices etc): Yes / No (If yes please provide contact details over page)

BUS REQUIRED Yes / No Route: <i>In Zone / Out of Zone</i>	SIGNED Parent/Caregiver: Date:
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OFFICE USE ONLY: Date Enrolled: _____ Roll/ID No: _____ Hero ID: _____ House: _____

NSN: _____ ID Sighted: _____ Imms Cert: _____

NB: Glen Massey School takes a photo of the student for records/reports

Additional Notes

Medical notes/special needs etc. or any matters relating to your child that the school needs to be aware of:

Please complete any additional details here (Please include learning needs if considered relevant)

New Entrant Parents Please Complete

Please detail your child's Preschool attendance for Ministry of Education records:



hours per week

Kindergarten		
Day Care Centre		
Kohanga Reo		
Play Centre		
Play Group		
Did Not Attend		
Other		

Other.....

Did your child attend regularly for the last: (circle one)

6 months last year 2 years 3 years 4 years 5 or more years