

Departure date

Date .....

Roll No: .....

# GLEN MASSEY SCHOOL ENROLMENT FORM In Zone Ballot

National Student Number:

<b>Student Details</b> <b>FAMILY NAME:</b> .....		<b>DATE OF BIRTH:</b> ...../...../..... Verified Yes / No Immunisation Yes / No					
<b>First Names</b> .....		<b>BOY/GIRL:</b>					
<b>ADDRESS:</b> .....		<b>PREVIOUS SCHOOL</b> ..... .....					
<b>PHONE NO:</b> .....		Class Year .....					
<b>Email address</b> .....							
<b>ETHNIC GROUP IDENTIFIED WITH:</b> <b>Pakeha/European</b> ..... <b>Maori:</b> ..... <b>Pacific Islands:</b> ..... <b>Asian:</b> ..... <b>Other:</b> <b>IWI/HAPU</b> .....							
<b>PARENT CAREGIVERS DETAILS</b>							
<b>TITLE</b>	<b>FAMILY NAME</b>	<b>FIRST NAME</b>	<b>RELATIONSHIP TO CHILD</b>				
<b>ADDRESS: POSTAL ADDRESS:</b> ..... (if different to above)			<b>Phone</b>				
<b>Work</b>							
<b>TITLE</b>	<b>FAMILY NAME</b>	<b>FIRST NAME</b>	<b>RELATIONSHIP TO CHILD</b>				
<b>ADDRESS: POSTAL ADDRESS:</b> ..... (if different to above)			<b>Phone</b>				
<b>Work</b>							
<b><i>EMERGENCY CONTACTS : only contacted if the parents are not available</i></b>							
<b>1st</b> .....	<b>Ph. No. (home)</b> .....						
<b>2nd</b> .....	<b>Ph. No. (home)</b> .....						
<b>DOCTOR</b> .....	<b>Ph. No.</b> .....	<b>Call doctor:</b> Yes / No	<b>Administer 1<sup>st</sup> Aid:</b> Yes / No				
<b>MEDICAL INFORMATION :</b>		<b>Medications:</b>	<b>New Entrants immunisation certificate.</b> YES NO				
		<b>Medication form :</b> YES NO					
		<b>Sight</b> .....	<b>Country of Birth:</b>				
		<b>Hearing</b> .....					
		<b>Speech</b> .....	<b>NZ Residency</b> YES NO				
<b>SPECIAL NEEDS / OTHER INFO.</b>		<b>GIFTED &amp; TALENTED</b>					
Please complete details on separate page		Would you like to meet with the school as to whether your child may be gifted or talented?					
Yes / No		Yes / No					
		<b>Early childhood education</b>					
		Kindergarten None Kohanga Reo Playgroup					
		<b>See page 2</b>					
<b>OTHER <u>PRE SCHOOL</u> CHILDREN IN THE FAMILY: DOB</b>							
<b>Name</b>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>CUSTODY ACCESS:</b></td> <td style="width: 25%;">Restricted Access:</td> <td style="width: 25%;">Yes / No</td> <td style="width: 25%;">Copy of Court Order: Yes / No</td> </tr> </table>				<b>CUSTODY ACCESS:</b>	Restricted Access:	Yes / No	Copy of Court Order: Yes / No
<b>CUSTODY ACCESS:</b>	Restricted Access:	Yes / No	Copy of Court Order: Yes / No				
<b>REPORT TO ABSENT PARENT: Yes / No</b>							
<b>BUS STUDENT rules issued</b>		<b>SIGNED Parent/Caregiver:</b>					
<b>Route:</b> <i>Waingaro</i> <i>Ngaruawahia</i>							

Information in this form may be viewed on request by any authorised person/s involved with the education and well being of the student while he or she is enrolled at this school..

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

### Additional Notes

**Note: 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)

SIGNED Parent/Caregiver:

### New Entrant Parents Please complete

Please detail your childs Pre school attendance



hours per week

Kindergarten		
Kohanga reo		
Play centre		
Play group		
Did not attend		
Other		

Other.....

Did your child attend regularly for : (circle one)

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