

# COLEY STREET SCHOOL

"Always Our Best"



## Enrolment Form

### STUDENT DETAILS:

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: Male  Female  Current Year Level: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ (please provide a copy of the child's Birth Certificate or passport)

Address: \_\_\_\_\_  
\_\_\_\_\_

Last School/ECE Attended: \_\_\_\_\_ Last Dental Clinic Attended: \_\_\_\_\_

Other brothers/sisters currently at Coley Street School: \_\_\_\_\_

Names and DOB of any preschool brothers/sisters: \_\_\_\_\_  
\_\_\_\_\_

Were you born in NZ: Yes  If not, state nationality: \_\_\_\_\_

(If born outside of NZ, please attach evidence of immigration status.)

**Ethnicity** (please tick all that apply, up to 3 ethnicities)

NZ European or Pakeha  NZ Maori  Other (Please specify)

Iwi: (you can record up to 3 if applicable): \_\_\_\_\_  
\_\_\_\_\_

### PARENT / CAREGIVER DETAILS:

#### **Parent:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: (circle) Mr Mrs Miss Ms

Relationship: (circle) Mother Father Caregiver Other (Please state) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Email address: \_\_\_\_\_

#### **Parent:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: (circle) Mr Mrs Miss Ms

Relationship: (circle) Mother Father Caregiver Other (Please state) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Caregiver:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: (circle) Mr Mrs Miss Ms  
Relationship: (circle) Mother Father Caregiver Other (*Please state*) \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_  
Email address: \_\_\_\_\_

### **EMERGENCY CONTACT:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: (circle) Mr Mrs Miss Ms  
Relationship: (circle) Grandparent Aunty Friend Other (*Please state*) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

### **MEDICAL / OTHER DETAILS**

List any medical problems, allergies, or other health-related information the school should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

List any other information the school should be aware of: (family circumstances, access rights, learning, behaviour...)  
\_\_\_\_\_  
\_\_\_\_\_

Will your child be travelling by bus? Yes  No

Do you require an extra report? Yes  No  Name: \_\_\_\_\_

Address: \_\_\_\_\_

### **CONFIDENTIALITY**

*This information is requested by the school for communication, support and safety of the student, and to meet statutory requirements. Information is held securely and will only be given to relevant Government agencies, such as Public Health, where appropriate. Your child's records will be forwarded to a subsequent school on notification of enrolment.*

### **PARENT/CAREGIVER AND STUDENT VERIFICATION**

The information on this form is true and correct.

I agree to:

- Advise the school of any change in circumstances so that accuracy and contacts may be maintained;
- To abide by school policies, expectations and procedures;

SIGNED: \_\_\_\_\_  
*Parent/Caregiver*

\_\_\_\_\_ *Date*

**We provide all children with values, attitudes, and skills for powerful life-long learning.  
'Coley Kids' think, strive, care and are proud.**

**COLEY STREET SCHOOL**

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**EARLY CHILD EDUCATION**

Did your child attend one or more Early childhood Education services(s) in the six months before starting school: Yes / No

If yes, please complete the table below for the last service(s) attended:

Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs/wk)	Service 2 (hrs/wk)	Service 2 (hrs/wk)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. the correspondence school - Te Aho o Te Kura Paounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did your child regularly attend Early childhood Education:

- Yes, for the last \_\_\_\_ year(s)
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

**Office Use :** Name: \_\_\_\_\_

Birth Certificate / passport - copy provided		Start Date	
Form signed		Year Level	
Immunisation certificate provided		Room	
NE Form completed		Enrolment Number	
Cyber Safety Use Agreement signed		NSN	
Entered in Etap		House	
ENROL			
Bus Roll			
Requested records			
Individual Folder			

