



STUDENT INFORMATION

Legal Surname: <input style="width: 90%;" type="text"/>															
Legal First Name(s): <input style="width: 90%;" type="text"/>															
Preferred Name: <input style="width: 80%;" type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> <i>(please tick)</i>														
Date of Birth: <i>(copy of birth certificate or passport required)</i> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Month</td> <td colspan="2" style="font-size: 8px;">Year</td> <td colspan="3"></td> </tr> </table>								Day	Month	Year					Country of Birth: <input style="width: 80%;" type="text"/>
Day	Month	Year													
Iwi / Hapū: <input style="width: 80%;" type="text"/>	Ethnicity: 1: <input style="width: 40%;" type="text"/> 2: <input style="width: 40%;" type="text"/>														
<input style="width: 90%;" type="text"/>	First Language: <i>(spoken at home)</i> <input style="width: 90%;" type="text"/>														
Full address:															
<input style="width: 95%;" type="text"/>															
<small>House number and Street</small> <input style="width: 95%;" type="text"/>															
<small>Suburb</small> <input style="width: 95%;" type="text"/>															
<small>City / Town</small> <input style="width: 95%;" type="text"/>															
Name of previous school / centre: <input style="width: 95%;" type="text"/>															
Current Year Level: <input style="width: 40%;" type="text"/>															
Is your child a New Zealand resident? Yes <input type="checkbox"/> No <input type="checkbox"/>															
Date of Entry to New Zealand: <i>(if applicable)</i> <i>Copy of passport required</i> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Month</td> <td colspan="2" style="font-size: 8px;">Year</td> <td colspan="3"></td> </tr> </table>									Day	Month	Year				
Day	Month	Year													
Siblings at Epuni School: <input style="width: 95%; height: 40px;" type="text"/>															
Other siblings who may attend Epuni School															
<small>Name</small>	<small>Date of Birth</small>														
<input style="width: 80%;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Month</td> <td colspan="2" style="font-size: 8px;">Year</td> <td colspan="3"></td> </tr> </table>								Day	Month	Year				
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Day	Month	Year													

PARENT / CAREGIVER DETAILS

Parents/caregivers will be contacted in the event of sickness or in an emergency. The parent/caregiver listed first will be contacted first.

1	Parent <input type="checkbox"/> Caregiver <input type="checkbox"/>
Title: <input style="width: 20px;" type="text"/>	First Name: <input style="width: 80%;" type="text"/>
Surname: <input style="width: 90%;" type="text"/>	
Relationship to Student: <input style="width: 80%;" type="text"/>	
Country of Birth: <input style="width: 80%;" type="text"/>	
Home address:	
<input style="width: 95%;" type="text"/>	
<small>House number and Street</small> <input style="width: 95%;" type="text"/>	
<small>Suburb</small> <input style="width: 95%;" type="text"/>	
<small>City / Town</small> <input style="width: 95%;" type="text"/>	
Occupation: <input style="width: 80%;" type="text"/>	
Home Telephone: <input style="width: 80%;" type="text"/>	
Mobile Telephone: <input style="width: 80%;" type="text"/>	
Email: <input style="width: 90%;" type="text"/>	
Work Telephone: <input style="width: 80%;" type="text"/>	
2	Parent <input type="checkbox"/> Caregiver <input type="checkbox"/>
Title: <input style="width: 20px;" type="text"/>	First Name: <input style="width: 80%;" type="text"/>
Surname: <input style="width: 90%;" type="text"/>	
Relationship to Student: <input style="width: 80%;" type="text"/>	
Country of Birth: <input style="width: 80%;" type="text"/>	
Home address:	
<input style="width: 95%;" type="text"/>	
<small>House number and Street</small> <input style="width: 95%;" type="text"/>	
<small>Suburb</small> <input style="width: 95%;" type="text"/>	
<small>City / Town</small> <input style="width: 95%;" type="text"/>	
Occupation: <input style="width: 80%;" type="text"/>	
Home Telephone: <input style="width: 80%;" type="text"/>	
Mobile Telephone: <input style="width: 80%;" type="text"/>	
Email: <input style="width: 90%;" type="text"/>	
Work Telephone: <input style="width: 80%;" type="text"/>	

CUSTODY DETAILS

If applicable, please provide custody details and access arrangements. Legal documents will need to be provided as proof.

EMERGENCY CONTACT DETAILS

Please provide details below of **adults** who the school can contact in the event of your child becoming sick or in an emergency if both parents/caregivers can't be reached.

1	Emergency Contact		
Title:	First Name:	Surname:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to Student: <input type="text"/>			
Home address:		Home Telephone: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>House number and Street</small>		Mobile Telephone: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>Suburb</small>		Email: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>City / Town</small>		Work Telephone: <input type="text"/>	
Occupation: <input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
2	Emergency Contact		
Title:	First Name:	Surname:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to Student: <input type="text"/>			
Home address:		Home Telephone: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>House number and Street</small>		Mobile Telephone: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>Suburb</small>		Email: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
<small>City / Town</small>		Work Telephone: <input type="text"/>	
Occupation: <input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

EARLY CHILDHOOD EDUCATION

Did your child attend an early childhood Education service?

Yes, attended regularly for years. Yes, but not regularly No, did not attend

Unable to establish if attended

Please complete the following table if your child attended one or more Early Childhood Education services in the 6 months prior to starting school.

- If your child was attending **one service**, please enter the number of hours they attended per week.
- If your child attended a service, but **changed to a different service** within the 6 months prior to starting school, please enter hours per week for the last service only.
- If your child was attending **more than one service at the same time**, please enter hours per week for up to 3 services.

	Type of Service Attended	Name of Service	Service 1	Service 2	Service 3
			Hours per week	Hours per week	Hours per week
a	Kohanga Reo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	Playcentre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	Kindergarten or Education & Care Centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	Home based service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e	Playgroup	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f	Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g	Service in another country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h	Not sure of type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL INFORMATION	Immunisation Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> <i>(please tick)</i>
	I consent to my child's vision and hearing being tested at school: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please tick)</i>
	Medical conditions and Allergies: <i>(e.g. Asthma)</i> Please note below any relevant information, and attach an emergency plan
	Medication to be administered at school: <i>(e.g. Blue inhaler to be taken before exercise)</i>
	Name of Doctor / Medical Centre:
	Address:
Medical Centre Telephone:	Number and Street
	Suburb
	Medical Centre E-mail:
Dietary Requirements: <i>(e.g. Halal, Vegetarian)</i>	

LEARNING & BEHAVIOUR	Please outline any learning or behaviour needs your child has.

PRIVACY STATEMENT	<i>The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child.</i>	PARENT APPROVAL	<input type="checkbox"/> I agree that the school will take action on my behalf in case of sudden illness or injury of my child;																
	<i>The records made from this information may be viewed on request at the school.</i>		<input type="checkbox"/> I agree to abide by the school's policies;																
	<i>The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act.</i>		<input type="checkbox"/> I approve the forwarding of school records and information when my child transfers to another school;																
	<i>The records will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.</i>		<input type="checkbox"/> I give permission for my child to undertake visits/trips outside the classroom by walking if in close proximity to the school.																
			<input type="checkbox"/> I give my child permission to have a class online accounts to access learning activities and to share their learning with us. These are secure accounts and only accessible by teachers and parents/caregivers.																
			PHOTO PERMISSIONS																
			<input type="checkbox"/> I give permission for my child's photo to be used for Epuni School media and publications, including the school website.																
			<input type="checkbox"/> I give permission for my child's photo to be used on the Epuni School Facebook page. No photo will be published with children's names, unless previously discussed with you.																
Parent / Caregiver's Signature:	<table border="1" style="float: right;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Year</td> <td colspan="4"></td> </tr> </table>											Day	Month	Year					
Day	Month	Year																	

School Office Use Only																				
Date of Admission:	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Year</td> <td colspan="4"></td> </tr> </table>									Day	Month	Year						Information entered into SMS <input type="checkbox"/>	Information entered into Enroll <input type="checkbox"/>	Detail Sheet <input type="checkbox"/>
Day	Month	Year																		
National Student Number:	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												Photo <input type="checkbox"/>	Roll book <input type="checkbox"/>	New Class List <input type="checkbox"/>					
Year Level: <input style="width: 50px;" type="text"/>	Room: <input style="width: 50px;" type="text"/>	Teacher: <input style="width: 150px;" type="text"/>	Emails <input type="checkbox"/>	Student ID's sighted <input type="checkbox"/>	Siblings <input type="checkbox"/>															