



# Fairburn School

## Student Enrolment Form

Legal Surname:	Gender:
Preferred Surname:	Ethnicity:
Legal First name:	1.
Preferred First Name:	2.
Middle Name:	3.
Place in family: ____ of ____	Iwi/Hapu:
Date of Birth:	1.
Country of Birth:	2.
Birth Certificate / Passport:	3.
Non NZ Citizen to complete	Languages spoken at home
Visa Type:	1.
Visa Expiry Date:	2.
Date of Entry into NZ:	3.
<b>Parent/Guardian/Legal Caregiver</b>	
First Name:	Last Name:
Home Phone:	Work Phone:
Mobile Phone:	
Email address:	
Relationship to Child:	Country of Birth:
Physical Address:	
The child lives at this address? Yes / No	If No – Child's Address:
<b>Parent/Guardian/Legal Caregiver</b>	
First Name:	Last Name:
Home Phone:	Work Phone:
Mobile Phone:	
Email address:	
Relationship to Child:	Country of Birth:
Physical Address (if different from above):	
<b>Custody Access Issues: Y/N</b>	<b>Court Order: Y/N</b>
<b>Emergency Contact 1 (Person contacted when Parent/Guardian not available)</b>	
First Name:	Last Name:
Home Phone:	Work Phone:
Mobile Phone:	Relationship to Child:
<b>Emergency Contact 2 (Person contacted when Parent/Guardian not available)</b>	
First Name:	Last Name:
Home Phone:	Work Phone:
Mobile Phone:	Relationship to Child:

**Medical Information – does your child have any...?**

Doctor/Medical Centre name:  
Allergies / Conditions – If yes, please state what it is and any treatment they receive:

**Dietary Requirements**

Halal                       No Pork/Beef                       Vegetarian                       Vegan  
 Food Allergy, please specify: \_\_\_\_\_

**Early Childhood Education**

Name of preschool:

Numbers of hours attended a week:                      Age started at preschool:

Has your child had any extra learning help at Early Childhood Centre?                      Yes / No  
If Yes – please state what that help was...

Did not attend an Early Childhood Centre                       Attended outside of New Zealand

**School – has your child attended another primary school? If Yes...**

Previous School:

Childs age when they started school:

Has your child had any extra learning help at their previous school?                      Yes / No  
If Yes – please state what that help was...

**Siblings**

Does this child have any brothers or sisters? List Below:

\_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_

**Consent (PLEASE TICK)**

- I give permission for the school to act on my behalf in an emergency such as sudden illness or injury to my child.
- I give permission for my child's photo to be used on social media platforms , the school website or other publications.
- I have read the Cyber Safety agreement and I'm aware of the school's Cyber Safety and ICT rules
- I give permission for the school to arrange the assistance of a public health nurse if required.
- I give permission for the school to arrange support from our SWIS (social worker in school) if required
- I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies.
- Privacy Statement, I have read the following privacy statement:

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. The records made from this information may be viewed on request at the school. 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. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use**

NSN	School Admission No		Date of Entry to Fairburn School
No. previous schools	Year Level	Room	Teacher
First start date			

Additional Notes: