

# Hataitai School

## Application for Enrolment



### STUDENT INFORMATION

<b>SURNAME:</b>	<b>FIRST NAMES:</b> (please underline preferred name)
<b>ADDRESS:</b>	<b>DATE OF BIRTH:</b>
<b>APPLICATION IS FOR:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>	<b>LANGUAGE/S USED AT HOME:</b>
<b>PLEASE STATE MAIN ETHNIC GROUP IDENTIFIED WITH:</b> (e.g. Maori, Samoan, Chinese etc):	<b>SIBLINGS CURRENTLY AT HATAITAI SCHOOL:</b>
<b>OTHER ETHNIC GROUPS – IF APPLICABLE:</b>	<b>YOUNGER SIBLINGS – NAME &amp; DATE OF BIRTH:</b>
<b>IWI:</b> (if applicable)	<b>PLACE IN FAMILY:</b>

### EARLY CHILDHOOD EDUCATION (ECE)

<b>DID YOUR CHILD REGULARLY ATTEND ECE?</b>	<input type="checkbox"/> Yes, for the last ____ years <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <input type="checkbox"/> No, did not attend ECE			
<b>DID/DOES YOUR CHILD ATTEND ONE OR MORE ECE SERVICES IN THE SIX MONTHS PRIOR TO STARTING SCHOOL?</b>				
If attending more than one service <i>at the same time</i> , please enter <b>hours per week</b> (a - f) for up to three services or complete with a tick (g - j) for the last services/s attended		<b>Service 1</b> (hrs/week)	<b>Service 2</b> (hrs/week)	<b>Service 3</b> (hrs/week)
a. Kōhanga Reo				
b. Play Centre				
c. Kindergarten or Education & Care Centre (please name) _____				
d. Home Based Service				
e. Playgroup				
f. The Correspondence School – Te Aho o Te Kura Pounamu				
g. Attended, but only outside New Zealand (please tick)	<input type="checkbox"/>			
h. Attended, but don't know what type of service (please tick)	<input type="checkbox"/>			
i. Did not attend (please tick)	<input type="checkbox"/>			
j. Unable to establish if attended or not (please tick)	<input type="checkbox"/>			
k. Has your child required support from an Early Childhood Intervention Agency?	<input type="checkbox"/>			

<b>PREVIOUS SCHOOL:</b> (if applicable)	
<b>DATE OF ADMISSION TO HATAITAI SCHOOL:</b>	

### OFFICE USE ONLY - Hataitai School operates on an Enrolment Scheme

<b>Admission No:</b>		<b>Admission Date:</b>	
<b>Year Level:</b>		<b>Room:</b>	
<b>etap:</b>		<b>In Zone (proof supplied):</b> <input type="checkbox"/>	<b>Out of Zone:</b> <input type="checkbox"/>
<b>ENROL / NSN No:</b>		<b>Stationery List:</b>	
<b>Email Newsletter:</b>		<b>Invoicing:</b>	
<b>Visit 1 Date:</b>		<b>Visit 2 Date:</b>	
<b>House:</b>		<b>Buddy System:</b>	

## PARENT / CAREGIVER INFORMATION

1 <sup>st</sup> PARENT/CAREGIVER:	RELATIONSHIP:
ADDRESS:  OCCUPATION:	CONTACT DETAILS: Home: Mobile: Work: Email:
2 <sup>nd</sup> PARENT/CAREGIVER:	RELATIONSHIP:
ADDRESS:  OCCUPATION:	CONTACT DETAILS: Home: Mobile: Work: Email:
CHILD LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Shared <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other ( <i>please specify</i> ): _____	Any Custody/Guardianship Agreements:

## MEDICAL INFORMATION

FAMILY GP:	ADDRESS AND PHONE NUMBER:
ALLERGIES:	MEDICATION:
ANY MEDICAL/LEARNING ISSUES:	

## EMERGENCY CONTACTS: (*please ensure these are local contacts*)

1 <sup>st</sup> CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:
2 <sup>nd</sup> CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:

### PLEASE SUBMIT ENROLMENT FORM WITH THE FOLLOWING ATTACHED:-

- A copy of the Birth Certificate must be provided for all students born in New Zealand. For all other students a copy of their passport showing residency status/student visa details must be attached to the admission form
- A copy of their Immunisation Certificate
- Copy of "Proof of Address" – e.g. Power Bill with your name and address

I declare that the above information is true and correct and I am aware an Enrolment Record will be kept for my child

Signed: \_\_\_\_\_