



Hataitai School

Application For Enrolment

STUDENT INFORMATION

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

EARLY CHILDHOOD EDUCATION (ECE)

DID YOUR CHILD REGULARLY ATTEND ECE?	<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			
DID/DOES YOUR CHILD ATTEND ONE OR MORE ECE SERVICES IN THE SIX MONTHS PRIOR TO STARTING SCHOOL?				
If attending more than one service <i>at the same time</i> , please enter hours per week (a - f) for up to three services or complete with a tick (g - j) for the last services/s attended		Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (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"/>			

PREVIOUS SCHOOL: (if applicable)	
DATE OF ADMISSION TO HATAITAI SCHOOL:	

OFFICE USE ONLY - Hataitai School operates on an Enrolment Scheme

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

PARENT / CAREGIVER INFORMATION

1 st PARENT/CAREGIVER:	RELATIONSHIP:
ADDRESS: OCCUPATION:	CONTACT DETAILS: Home: Mobile: Work: Email:
2 nd 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 st CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:
2 nd 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: _____