



# VICTORIA AVENUE SCHOOL ENROLMENT

**Enrolment Form** (Please print clearly) **Please ensure you fill all fields. Thank you.**

| Student Details                  |                                 |                                 |  | Ethnic Background  |   |   |   |
|----------------------------------|---------------------------------|---------------------------------|--|--|---|---|---|
| First Names                      | Family Name                     |                                 |  | Country of Birth   | Status: Citizen/Permanent Resident/Permit |   |   |
| Preferred                        | Date of Birth                   | / /                             |  | Entry Date   | / /                                       | Expiry Date                             | / /                                     |
| Gender                           | Place in Family                 | of                              |  | Ethnicity - please tick in shaded box.   | <input type="checkbox"/> NZ Maori         | <input type="checkbox"/> Cook Is. Maori | <input type="checkbox"/> Indian         |
| Address                          | Phone                           |                                 |  |  | <input type="checkbox"/> European Pakeha  | <input type="checkbox"/> Tongan         | <input type="checkbox"/> Chinese        |
|                                  | Post Code                       |                                 |  |  | <input type="checkbox"/> Samoan           | <input type="checkbox"/> Tokelauan      | <input type="checkbox"/> Vietnamese     |
| Preschool                        | Date Started Schooling          | / /                             |  |  | <input type="checkbox"/> Niuean           | <input type="checkbox"/> Fijian         | <input type="checkbox"/> Filipino       |
| Email for Newsletter and Notices |                                 |                                 |  | Iwi (If NZ Maori)  |   | Home Language                           |   |
| Caregiver Details                |                                 |                                 |  | Parent's Country of Birth  | Mother                                    | Father                                  |   |
| <b>Mother/CG1</b>                | Relationship                    |                                 |  | Medical Information  |   |   |   |
| Ethnicity                        | Lives With                      |                                 |  | Doctor   | Vaccination Certificate Sighted           |   |   |
| Address                          | Phone                           |                                 |  | Address  |   |   |   |
|                                  | Mobile                          |                                 |  | Phone  |   |   |   |
|                                  | Post code                       |                                 |  | Allergies, Medication Requirements etc   |   |   | <input type="checkbox"/> OK for Panadol |
| Email                            |                                 |                                 | <input type="checkbox"/> Inhaler required                |  |   |   |   |
| Employer's Name                  |                                 |                                 | <input type="checkbox"/> Diabetes                        |  |   |   |   |
| Occupation                       | Work Phone                      |                                 | <input type="checkbox"/> Bee Sting Allergy               |  |   |   |   |
| <b>Father/CG2</b>                | Relationship                    |                                 |  | Other Information  |   |   |   |
| Ethnicity                        | Lives With                      |                                 |  | Any special interests or hobbies eg: sports, drama, etc  |   |   |   |
| Address                          | Phone                           |                                 |  |  |   |   |   |
|                                  | Mobile                          |                                 |  |  |   |   |   |
|                                  | Post code                       |                                 |  |  |   |   |   |
| Email                            |                                 |                                 |  |  |   |   |   |
| Employer's Name                  |                                 |                                 |  | Previous School  | Year Level                                |   |   |
| Occupation                       | Work Phone                      |                                 |  | Location   |   |   |   |
| Other Information                |                                 |                                 |  | I give permission for the school to sanction any required emergency medical treatment and agree to abide by the BOT practices. |   |   |   |
| Person to pay school accounts    | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Other - let office know details | Signed   |   | Date                                    | / /                                     |
| Access etc:                      |                                 |                                 |  |  |   |   |   |
| <b>Emergency 1</b>               | <b>Emergency 2</b>              |                                 |  | OFFICE USE ONLY  |   |   |   |
| Phone                            | Phone                           |                                 |  | CLASS  | ROOM                                      | TEACHER                                 |   |
| Cell Phone                       | Cell Phone                      |                                 |  | Enrolment No   | NSN                                       |   |   |
| <b>Future Attendees</b>          | <b>Date of Birth</b>            |                                 |  | House  | Date entered into school records          | / /                                     |   |
|                                  |                                 |                                 |  | DOB verified   | Proof of Address                          | Enrolled Date                           | / /                                     |
|                                  |                                 |                                 |  | <b>PTO</b>   |   |   |   |

We are required to inform you of the following (Education Amendment Act (No2) 1998).

- An enrolment record will be begun for your child – it will be on the national register Enrol.
- In the case of students transferring within New Zealand their records will be requested from their previous school.
- When your child leaves this school to go to another school the enrolment record will be updated and passed on to the student's next school.
- The school the child is attending will have access to the enrolment record and the student and parent can request a copy from the school.
- The enrolment record will be made available to the Ministry of Education or its agents if requested for a specific purpose.

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