

Houghton Valley School Enrolment Form

Student Details

Date of Birth:

Gender:

N.Z. Residency Yes / No
If 'No enter details on reverse

First Name:

Preferred Name:

Family Name:

Address (at Start Date)

Dentist:

Medical Information:¹

Doctor:

Immunised: Yes or No (circle)
(If YES please provide an
Immunisation Certificate)

Iwi:

Place in Family: of .

Name of Eldest Child at H.V.S.

Ethnic Group Child Relates to:

Previous Pre-School/School:
(see over page for more details)

Home Language:

Previous School and Class:

Parent/Caregiver 1

First name:

Family Name:

Address:

Home Phone:

Workplace:

Work Phone:

Occupation:

Email:

Email Newsletter: Yes / No

Other Contact:²

School Assistance:³

Parent/Caregiver 2

First name:

Family Name:

Address:

Home Phone:

Workplace:

Work Phone:

Occupation:

Email:

School Assistance:³

Other Contact:²

Emergency Contacts:

Name:

Phone:(H)

(Wk)

Name:

Phone:(H)

(Wk)

Name:

Phone:(H)

(Wk)

1. If necessary put details on the reverse side of this form. Please state if mild, moderate or severe.
2. For example other email, cellphone or pager.
3. Examples of ways in which you can assist are listed on reverse.

Please include a copy of *birth certificate* or *passport/visa* as required

Please complete reverse side

Note: All paperwork required a month prior to starting school, please.

Did your child regularly attend Early Childhood Education?

- Yes, for the last _____ year(s)
- Not regularly, only occasionally with no on-going schedule
- No, did not attend Early Childhood Education

Prior-participation in Early Childhood Education

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?
Please complete the table below for the last service(s) attended

Please enter the number of hours per week for up to three services:	Service 1 (Hrs per week)	Service 2 (Hrs per week)	Service 3 (Hrs per week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
OR Please tick the appropriate box			
g. Attended, but only outside New Zealand		Tick	
h. Attended, but don't know what type of service		Tick	
i. Did not attend		Tick	
j. Unable to establish if attended or not		Tick	

ANY OTHER INFORMATION (e.g. custodial arrangements, medical concerns of which you feel the school should now be aware):

.....

.....

Some ways in which you may be able to assist the school:

Board of Trustees Member, attend Home & School meetings, fund raising, working bees, telephone appeals.

Other children likely to be attending Houghton Valley School in the future:

Name:..... Date Of Birth:.....

Name:..... Date Of Birth:.....

Name:..... Date Of Birth:.....

I understand that the school will take action on my behalf in case of sudden illness or injury.
I agree to abide by school policies.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child/children. The records made from this information may be viewed on request at the school. I approve the forwarding on of information when my child transfers to another school.

SIGNATURE OF PARENT/GUARDIAN:..... DATE:

If you **do not** wish to be contacted by the Board of Trustees and/or the Home & School Association in relation to school-wide activities, please tick the box: Signed:.....

Office Use Only:

Enrolment No:

/

Etap Entered

Birth Cert or Passport /Visa copied

National Student No's (NSN):

Enrol Entered

Parent App Sent:

Start Date: