

SUNNYHILLS SCHOOL - 17 THE CREST, PAKURANGA

PHONE: 5768031 FAX: 5766547

STUDENT ENROLMENT APPLICATION FORM

Application Submitted by: _____ Date Submitted: _____

Requested Start Date for the student: _____

STUDENT INFORMATION

STUDENT'S LEGAL SURNAME:		STUDENT'S PREFERRED SURNAME:	
STUDENT'S LEGAL FIRST NAME:		STUDENT'S PREFERRED FIRST NAME:	
PHYSICAL ADDRESS WHERE STUDENT LIVING:			
AT TIME OF ENROLMENT IS THE STUDENT LIVING INSIDE THE SUNNYHILLS SCHOOL ZONE: YES/NO			
STUDENT LIVING WITH:		COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH:	KINDY ATTENDED:	BOY OR GIRL:	
NATIONALITY:	ETHNIC GROUP:	FIRST LANGUAGE SPOKEN: <i>i.e. Mandarin, Cantonese etc (Not just Chinese)</i>	
PLACE OF BIRTH:	DATE OF ENTRY INTO NZ:	FAMILY IWI AFFILIATION: (Maori students only):	
COUNTRY PARENTS WERE BORN: MOTHER:		FATHER:	

EARLY CHILDHOOD EDUCATION

Did the 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.

Instructions:

- If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or 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	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
 Not regularly, only occasionally with no on-going schedule.
 No, did not attend ECE.

OTHER NEW ZEALAND PRIMARY SCHOOL WHICH THE CHILD HAS ATTENDED:

DOCTOR: _____ PHONE NO: _____

MEDICAL PROBLEMS/MEDICATION:

Immunisation Certificate Attached: Yes/No

OTHER DETAILS:

LEARNING & BEHAVIOUR NEEDS: _____

SPECIAL NEEDS (BACKGROUND/FUNDING) e.g. ESOL, ORRS _____

OTHER INFORMATION/REQUESTS: _____

NAMES OF OTHER FAMILY MEMBERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE NEAR FUTURE:-

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

ARE EITHER PARENT FORMER STUDENTS? Y/N – If yes, name of former student/s. _____

ARE ANY SIBLINGS FORMER STUDENTS? Y/N - If yes, name of former student/s. _____

THIS INFORMATION IS REQUIRED BY THE MINISTRY OF EDUCATION FOR OBTAINING ESOL FUNDING

**** IF A STUDENT IS NOT BORN IN NEW ZEALAND OR DOES NOT SPEAK ENGLISH AS A FIRST LANGUAGE PLEASE COMPLETE THE FOLLOWING SECTION**

PLACE OF BIRTH:	ETHNIC GROUP:
WHAT LANGUAGE IS SPOKEN AT HOME:	DATE OF ENTRY INTO NZ:
HOW MANY YEARS HAS YOUR CHILD SPENT IN A N.Z. SCHOOL:	DOES THE FAMILY HAVE REFUGEE STATUS:

PARENT/CAREGIVER INFORMATION

MOTHER			
NAME OF MOTHER:			
PHYSICAL ADDRESS:		POSTAL ADDRESS: (If Different from Physical Address)	
OCCUPATION:		COMPANY NAME:	
HOME NO:	WORK NO:	MOBILE No:	
HOME FAX NO:	E-MAIL ADDRESS:		
FATHER			
NAME OF FATHER:			
PHYSICAL ADDRESS:		POSTAL ADDRESS: (If Different from Physical Address)	
OCCUPATION:		COMPANY NAME:	
HOME NO:	WORK NO:	MOBILE NO:	
HOME FAX NO:	E-MAIL ADDRESS:		

IF STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT PLEASE GIVE DETAILS BELOW			
NAME OF CAREGIVER:			
PHYSICAL ADDRESS:		POSTAL ADDRESS: (If Different from Physical Address)	
OCCUPATION:		COMPANY NAME:	
HOME NO:	WORK NO:	MOBILE NO:	
HOME FAX NO:	E-MAIL ADDRESS:		

ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF:

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (Please attach copies of any relevant Court Papers)
COURT ORDERS ISSUES: Yes/No

EMERGENCY CONTACT (To be someone other than Parents)

NAME:		
ADDRESS:		
HOME NO:	WORK NO:	MOBILE NO:
RELATIONSHIP TO STUDENT:		

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. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate educational and health authorities, within the limitations of the Privacy Act. I also approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Signature of Parent/Caregiver _____ Date: _____

SUNNYHILLS SCHOOL MUST HOLD A COPY OF EITHER THE STUDENT'S BIRTH CERTIFICATE OR PASSPORT. IN-ZONE STUDENTS MUST PROVIDE A POWER ACCOUNT OR RATES ACCOUNT AS PROOF OF ADDRESS.

THIS SECTION IS FOR SUNNYHILLS SCHOOL OFFICE STAFF TO COMPLETE

ENROLMENT NO:	ENROLMENT DATE:
CLASS:	ROOM NO:
HOUSE	TEACHER