



WARD SCHOOL ENROLMENT FORM

Revised 10/21

Personal Information

Legal First Names: _____ Legal Surname: _____

Preferred First Name: _____ Preferred Surname: _____

Gender: Male/Female (Circle) Date of Birth: ____ / ____ / ____

Current Year Level: _____ Room: _____ Start Date: _____

Pre-School (ECE) Details _____ How long attended: _____

Name of previous Primary School: _____

Ethnicity: Maori* / NZ European / Tongan / Chinese/ Korean / Taiwanese / African / British / Other _____

*Which iwi (tribes) do you whakapapa/affiliate to: _____

First Language: _____ Other Languages spoken : _____

Is your child a NZ citizen? Yes / No (If not, provide evidence of visa/passport information)

** If your family are immigrants to New Zealand, please write date of entry: _____ ** If one or both parents are migrants to New Zealand, please supply supporting immigration documentation, i.e. parents passports and child's Birth Certificate (for funding purposes only)

PLEASE NOTE: A full Birth Certificate and Immunisation Record must be sighted and a copy will be taken by the School Office.

Full Home Address: _____ (Address is private: YES / NO)

Postcode: _____ Telephone: (Home) _____

Parents/Caregiver(s) Information

Caregiver 1 Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ (Mobile): _____

Email: _____

Occupation: _____ Work Place: _____ Work Ph: _____

Caregiver 2 Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ (Mobile): _____

Email: _____

Occupation: _____ Work Place: _____ Work Ph: _____

Emergency Contact Details:

Please list 2 alternative people in **Ward/Awatere** we can contact in case of an emergency (medical or a Civil Defence).

1. Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ (Mobile): _____ Work Phone : _____

2. Relationship: _____ Title: Mrs / Ms / Miss / Mr / Dr (circle)

First Name: _____ Surname: _____

Phone: (Home) _____ (Mobile): _____ Work Phone : _____

Health and Medical

I give permission for the school to make a decision in case of sudden illness or injury of my child. YES/NO

I give permission for my child to be assessed and treated by an Oral Health technician. YES/NO

I give consent for my child to have hearing/vision testing done by a Community Health Technician. YES/NO

I give permission for the school to administer Panadol to my child without needing my consent. YES/NO

Immunisation: Fully / Partly / Not Immunised

Hepatitis MUMPS MEASLES Tetanus Rubella Mening. B HIB HPV Pertussis Polio COVID19

Doctor's Name: _____ Medical Centre: _____

Phone: _____

Please name any disability, medical conditions or allergies: (Attach documents if relevant)

Special Educational Needs YES NO ORRS Level: Very High High Non-ORRS Medication provided to the school: (full details including dosage required please)

General Family Information

Are there any other children in your family likely to/or who are currently attending Ward School? Yes / No

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name(s) of any person forbidden by law to have access to your child: (A copy of the legal document pertaining to this must be provided).

Are there any family circumstances we should be aware of? (all information provided is strictly confidential)

I/we agree that as part of Ward School my/our son/daughter will wear the official Ward School uniform as determined by the School Management and Board of Trustees.

Signed: _____ Date: _____

Enrol No:

NSN No: