MEREMERE SCHOOL

Heather Green Avenue, RD 2 Mercer 2474

Ph 09-2326712 / fax 09-2336713

e-mail: office@meremere.school.nz

ENROLMENT FORM

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| **STUDENT INFORMATION** |
| Legal name of student |  |
| Preferred first name |  |
| Preferred surname |  |
| Date of birth |  |
| Gender | Male/Female |
| Age |  |
| Country of Birth |  |
| Ethnicity |  |
| Iwi |  |
| Hapu |  |
| **PARENT/CAREGIVER INFORMATION** |
| Mother’s Name |  |
| Mother’s Address |  |
| Phone |  |
| Email address |  |
| Father’s Name |  |
| Father’s Address (if different to Mother’s |  |
| Phone |  |
| Email address |  |
| Primary Caregivers name(if different to either parent) |  |
| Primary Caregivers address |  |
| Relationship of caregiver |  |
| Phone |  |
| Email address |  |
| Name of caregiver 2 |  |
| Relationship of caregiver |  |
| Phone |  |
| Name of emergency contact 1 |  |
| Phone of emergency contact 1 |  |
| Name of emergency contact 2 |  |
| Phone of emergency contact 2 |  |

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| **MEDICAL INFORMATION** |
| Doctor |  |
| Address of Clinic |  |
| Immunisation Certificate | Yes/No |
| Immunisation complete | Yes/No |
| Doctor’s before School check | Yes/No |
| List any health issues |  |
| **INFORMATION ON SIBLINGS** |
|  Number of siblings |  |
| Order in family of this child |  / |
| Siblings at this school |  |
|  |  |
|  |
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|  |
| Pre-schoolers | Name | Age | Birthday |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **LEGAL ORDERS** |
| Court orders/Protection orders/Access arrangements/CYFS: |
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| **EDUCATION HISTORY** |
| Current Year Group |  |
| Previous schools |  |
|  |  |
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| ACADEMIC ACHIEVEMENT AND ASSISTANCE |
| Learning Needs: |
| Reading | Well below | Below | At | Above |
| Writing | Well below | Below | At | Above |
| Maths | Well below | Below | At | Above |
| Referrals for Learning | Yes/No |
| RTLB | Yes/No |
| ORs | Yes/No |
| High Learning Needs | Yes/No |
| Behaviour: |
| Stable | Yes/No |
| Satisfactory | Yes/No |
| Comment: |
|  |
|  |
|  |
| RTLB | Yes/No |
| SWIS | Yes/No |
| **PRE-SCHOOL EXPERIENCE** |
| New Entrants: |
| Years at Pre-School (if any) |
| Pre-School Centre |  |
|  |  |
| **PERMISSIONS** |
| I give permission for my child to  |
| * have photos taken at school
 | Yes/No |
| * have photos published on the school website
 | Yes/No |
| * use laptops/computers in a sensible fashion
 | Yes/No |
| * walk to the local library under supervision
 | Yes/No |
|  |
| Form completed by: |
| Name |  |
| Signature |  |
| Date |  |
| Child’s starting day |  |
|  |
| Office only: |
| Copy of Birth certificate | Yes/No |
| Copy of passport | Yes /No |
| Overseas Visa-Parents | Yes/No |
| Overseas Visa-Child  | Yes/No |
| Date of birth |  |
| Age at 1.1 |  |
| Current age  |  |
| Classification |  |
| Room  |  |
| Enrolment number |  |
| School entry date |  |
| eTAP entry date |  |
| ENROL entry date |  |
| SNS Number |  |