

# KILBIRNIE SCHOOL PRE-ENROLMENT FORM

Box 14 543  
72 Hamilton Road  
Phone: (04) 939 2311  
E Mail: [office@kilbirnie.school.nz](mailto:office@kilbirnie.school.nz)

Kilbirnie  
Hataitai

Wellington 6421  
Wellington 6021

Website: [www.kilbirnie.school.nz](http://www.kilbirnie.school.nz)



**ALL SECTIONS MUST BE COMPLETED**

## STUDENT DETAILS

## Office use only

Last name/Family name: \_\_\_\_\_

NSN No: \_\_\_\_\_

All first names: \_\_\_\_\_

Student Num: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Enrolled: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Started: \_\_\_\_\_

Country of birth/citizenship: \_\_\_\_\_

Immunisation document:   
Birth Cert/NZ passport/Visa   
Other eligibility evidence:

Language spoken at home: \_\_\_\_\_

Year Level: \_\_\_\_\_

Ethnic group identified with: \_\_\_\_\_

Room: \_\_\_\_\_

Iwi affiliation (if applicable):

Does the student have an affiliation with an(y) Iwi?	If yes then please complete the details below for Ministry of Education purposes.
<p>Iwi Affiliation: Please enter the name(s) of the student's Iwi where the student identifies as belonging to one or more Iwi.</p> <p>Up to three Iwi affiliations may be entered for the student.</p> <p>If the student has an Iwi affiliation, but does not know the name of their Iwi, please enter "don't know"</p>	<p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p> <p>Iwi: Rohe (Iwi home area):</p>

## CAREGIVER DETAILS: PLEASE LIST PREFERENCE OF FIRST CONTACT

1. \_\_\_\_\_ Lives with  (please tick) 2. \_\_\_\_\_ Lives with  (please tick)

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact 4: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**The above may be contacted to collect your child in the event of a civil defence or other emergency if the parents/caregivers can't be contacted.**

**PLEASE INFORM THEM THAT YOU HAVE NOMINATED THEM TO BE EMERGENCY CONTACTS**

**MEDICAL CONDITIONS AND SPECIAL NEEDS**

Please describe: (attach documentation if appropriate).

<ul style="list-style-type: none"> <li>Any medical, psychological, behavioural or other conditions affecting your child's health or well-being.</li> </ul>
<ul style="list-style-type: none"> <li>Any learning related special needs your child has.</li> </ul>
<ul style="list-style-type: none"> <li>Any parenting, guardianship or constraint order involving your child- (a copy of such orders must be provided).</li> </ul>

**Name of Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Permission to administer Panadol/Paracetamol if necessary	Yes / No
Permission to administer First Aid:	Yes / No
Permission to call doctor in emergency:	Yes / No
Permission to call dentist in emergency:	Yes / No
Permission for contact details to appear in School Directory: <i>(Names and mobile number/s are published, a copy is given to each family. Please state mobile number/s you would like in the Directory: .....)</i>	Yes / No
Permission to show child's image on school communications <i>(Images maybe uploaded to our website and fortnightly Newsletters, surnames are never included)</i>	Yes / No

**Parentlink** is a group of parents that organise social and fundraising activities and events in support of the school. They are always eager for new members.

Would you like **Parentlink** to contact you to discuss? Yes / No

**REQUIRED DOCUMENTATION-Birth certificate/NZ Passport and/or Student Visa and immunisation records.**

The Ministry of Education requires all schools to keep copies of a child's birth certificate and immunisation documents as part of school records. Your doctor will be able to provide you with immunisation records if you don't have these. We can copy original documents for you at the school. Please include these with this enrolment form as we are unable to complete the enrolment without them.

**REQUIRED DOCUMENTATION-Proof of residence within the school zone.**

As our school has a home zone the Ministry of Education requires a record of proof of residence within the zone to be kept. Examples of proof can be gas or electricity bills showing the in-zone address of the parent or caregiver that the child lives with. Please include this with the enrolment form as we are unable to complete the enrolment without it.

**OTHER INFORMATION:**

Previous School or Preschool: \_\_\_\_\_

Names/DOB of any Preschool siblings: \_\_\_\_\_

**VERIFICATION STATEMENTS :**

- I/We acknowledge that the above information is true and correct.
- I/We agree that our child shall abide by the school rules and regulations
- I/We understand that the information on this form will be used by the school to maintain appropriate school records and effective contact with the enrolled student's parents/caregivers.
- I/We agree that our child may undertake occasional short trips to destinations near the school for education, sporting or cultural learning opportunities. These will involve walking under the supervision of their teacher. Parents/caregivers will be notified by letter of any other trips, including all those made using vehicles.
- I/We understand the rules and regulations regarding the Kilbirnie School home zone and ensure the school that the child is eligible to be enrolled. I/we understand that the school has the authority to annul the enrolment of any child should it become aware of discrepancies in home zone eligibility.
- I/We understand that the Ministry of Education requires that any child over the age of 6 must regularly attend school once they have enrolled and started.
- **Declaration:**

I certify that the information completed in this Enrolment form is true.

I agree to be bound by all school policies and procedures.

The school agrees to take care in keeping the information contained in the document private, except where legally required, or expressly allowed.

Parent/Caregiver Name: (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_