

MATAHUI SCHOOL

ENROLMENT FORM

Student legal first name: _____ Last name: _____

Student preferred name: _____ Preferred last name: _____

Boy/Girl _____ Birthdate: _____

Student's address: _____

Ethnicity: _____

(ie up to three e.g. NZ European / Maori / British / German / Other (please specify))

Iwi Affiliation: _____ (up to three)

Country of citizenship: _____ Main language spoken at home: _____

Birth Certificate: A copy of your child's NZ birth certificate is required on enrolment, or copy of passport or other documentation verifying immigration status.

Phone Number: _____ Place in family: _____ out of _____

Mother/Caregiver: _____

Address: _____

Email address: _____

Home phone number: _____ Mobile number: _____

Work phone number: _____ Occupation: _____

Hours of work: _____ Place of work: _____

Father/Caregiver: _____

Address: _____

Email address: _____

Home phone number: _____ Mobile number: _____

Work phone number: _____ Occupation: _____

Hours of work: _____ Place of work: _____

1st Emergency contact: _____ Phone: _____

Address: _____ Relationship to student: _____

2nd Emergency contact: _____ Phone: _____

Address: _____ Relationship to student: _____

Medical: Doctor: _____ Phone: _____

Allergies: _____ Sight: _____

Medication: _____ Speech: _____

Conditions/Concerns: _____ Hearing: _____

Previous Dental Clinic: _____

Names of siblings likely to be attending Matahui School in the future:

1. _____ DOB: _____ 2. _____ DOB: _____

3. _____ DOB: _____ 4. _____ DOB: _____

Other information offered by parents: _____

Prior-participation in 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:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. 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.
3. 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 <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	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

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.

This information is collected for the administration of the school, to assess any special educational needs, and for information required by the Ministry of Education. The information is held at the school and is accessible by staff members. At any time you may request access to and correction of this information.

I/We agree to give Matahui School one term's notice in writing of our intention to withdraw our child/ren from the school, or failing this, to pay one term's fee in lieu.

I/We authorise Matahui School to request relevant school records from my child/ren's previous school.

Signed: _____ **Date:** _____