



Kelburn Normal School

APPLICATION FOR ENROLMENT

STUDENT'S LEGAL NAME IN FULL

FAMILY NAME:

FIRST NAME(S):

PREFERRED NAME:

NATIONALITY:

BOY/GIRL

LANGUAGE SPOKEN AT HOME

IWI (IF APPLICABLE)

DATE OF BIRTH

(copy of birth certificate must be attached)

PROPOSED DATE OF ENTRY:

(Please circle one)

TERM 1 / 2 / 3 / 4 YEAR _____

PROPOSED LEVEL AT ENTRY:

ETHNICITY: (Please circle one)

Pakeha Maori Pacific Island Asian European

Others: (please specify) _____

NAME OF SIBLING/S AT KELBURN NORMAL SCHOOL:

MAILING ADDRESS: (with suburb)

HOME TELEPHONE:

CELLPHONE NO: _____

(Belongs to) _____

NAME OF MOTHER/ STEPMOTHER/ CAREGIVER: (Circle One)

HOME ADDRESS: (if not as mailing)

OCCUPATION: _____

WORK NAME & ADDRESS:

CELLPHONE: _____

WORK TELEPHONE: _____

HOME TELEPHONE: _____

NAME OF FATHER/ STEPFATHER/ CAREGIVER: (Circle One)

HOME ADDRESS: (if not as mailing)

OCCUPATION: _____

WORK NAME & ADDRESS:

CELLPHONE: _____

WORK TELEPHONE: _____

HOME TELEPHONE: _____

LIVING WITH: (NAMES OF ADULTS ONLY PLEASE) _____

IF NOT NZ CITIZEN PLEASE INDICATE VISA STATUS:

EMAIL ADDRESSES: (to receive communications eg. newsletters electronically)

EMAIL ADDRESS 1: _____

EMAIL ADDRESS 2: _____

PREVIOUS SCHOOL: (Name and address)

HEALTH: (please circle)

Has this child attended any school dental clinic? Yes / No (specify) _____

Does this child have any health problems which should concern the school? Yes / No

(specify) _____

IMMUNISATION: (Please tick which is applicable and attach copy of immunisation record)

My child has been immunised for:

	Yes	No		Yes	No		Yes	No
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Hib1 (Meningitis)	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL OR HEALTH EMERGENCY CONTACTS: (if parents cannot be reached)

NAME: _____ DAY PHONE: _____

ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ DAY PHONE: _____

ADDRESS: _____ RELATIONSHIP TO CHILD: _____

CIVIL DEFENCE EMERGENCY:

(please give details of who you authorise and have told to collect your child in the event of a civil defence emergency – other than parents)

NAME: _____ DAY PHONE: _____

ADDRESS: _____ RELATIONSHIP TO CHILD: _____

ARE THERE ANY OTHER CHILDREN IN THIS CHILD'S FAMILY LIKELY TO ATTEND THIS SCHOOL? YES / NO (please circle)

If yes please provide name(s) and date(s) of birth: _____

ANY OTHER COMMENTS CONCERNING THIS ENROLMENT:

ALL APPLICATIONS must be accompanied by a full NZ birth certificate or passport, residency permit, parent's work permit etc to verify student's name, date of birth and that he or she is entitled to enrol for free education.

Signature: _____ Date: _____

I agree that the information contained in this enrolment form may be released to parties outside the school at the discretion of the Principal where it relates to the education, health, welfare or safety of the student.