

# Enrolment Form

<b>Student Information</b>	Admin No _____
Family Name _____ Known as - if different to Family Name _____	
First Name(s) _____	
Gender M / F _____	Date of Birth _____
Date start Victory _____	
Address _____	
Date start School _____	
Pre school _____ or Previous School _____	
Doctor _____ Phone _____	
Previous Dental Clinic _____	
Immunisation Certificate shown Y / N _____	Fully immunised Y / N _____
Birth Certificate shown Y / N _____	Passport shown Y / N _____
Date entered NZ _____ Country of origin _____ New Zealand born Y / N _____	

<b>Ethnic Details</b> Father's ethnicity _____ Mother's ethnicity _____ Child's ethnicity _____ Language spoken at home _____	If Māori, state iwi affiliation _____ _____ Māori Medium Y / N _____
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<b>Parent/Caregiver details</b> <b>Primary Caregiver</b> Name _____ Address _____ _____ Telephone _____ Cellphone _____ Email address _____ Occupation _____ Work Address _____ Work phone _____ Relationship to student _____ Lives with student Y / N _____	<b>Secondary Caregiver</b> Name _____ Address _____ _____ Telephone _____ Cellphone _____ Email address _____ Occupation _____ Work Address _____ Work phone _____ Relationship to student _____ Lives with student Y / N _____
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<b>Victory Primary School enrolment details</b>	
Room number _____	Classroom teacher _____
Year _____	

Emergency Contact (relative, neighbour, friend)

1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Family Members attending Victory

Name \_\_\_\_\_ Room \_\_\_\_\_  
Name \_\_\_\_\_ Room \_\_\_\_\_  
Name \_\_\_\_\_ Room \_\_\_\_\_

Preschoolers that may attend Victory

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Custody arrangements / access restrictions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health / Behavioural / Special Needs etc information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internet Use

I understand that use of the internet within school is for educational purposes. I understand that the school has taken all possible precautions to make the internet as safe as possible for all users. I agree to support the school's methods used to ensure the internet is used appropriately. Y / N

Photography/Filming

I agree to my child being photographed or filmed at school for school promotional use ie: school posters, notices, newsletters, website, blogs. Y / N

Walking trips

I give permission for my child to go on any visits within walking distance of school with the class. Y / N

Pain Relief Consent

I give permission for staff at Victory Primary School to administer pain relief or other medication as listed on my child's records, if required. Y / N

I understand and agree, that the information on this form will be recorded and used in various ways and may be passed to other agencies, at the discretion of the school, for the benefit of my child. I also agree that the school may act on my behalf in case of sudden illness or injury and I will abide by school policies. Y / N

Signature of Parent / Caregiver \_\_\_\_\_ Date \_\_\_\_\_