



INITIAL ENROLMENT ENQUIRY

| Student and Whānau Information | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Parent/caregiver name: _____ Relationship to child: _____ Address: _____ _____ Living Situation: <input type="checkbox"/> Own House <input type="checkbox"/> Rented Property <input type="checkbox"/> Shared Living Situation <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Emergency Housing Other _____ Phone: (h) _____ Phone: (m) _____ Email : _____ |
| | Child's name: _____ Date of birth: _____ Gender: _____ Pre-schooler: Yes / No Pre-school Name: _____ Currently attending another school? Yes / No Name of school: _____ Current Year level: _____ Reason for transferring: _____ |
| | Child's name: _____ Date of birth: _____ Gender: _____ Pre-schooler: Yes / No Pre-school Name: _____ Currently attending another school? Yes / No Name of school: _____ Current Year level: _____ Reason for transferring: _____ |
| | Learning/behaviour needs: _____ Other agencies involved: _____ Visa situation: _____ Any other information we need to know: _____ _____ _____ |

Please note that in order for Enrolment to be complete, we must receive the following:

- New Zealand Passport OR Birth Certificate OR Australian Passport
- New Zealand Residency Permit OR Student Visa OR Parental Work Permit
- Proof of In Zone Address
- Immunisation Record