



Student Information

Student Legal Name _____ Student Preferred Name _____

Date of Birth (copy of Birth Certificate required) _____ Current Year Level _____ Gender _____

Previous School attended (or Preschool for New Entrants) _____

Student Address _____

Ethnicity

Ethnic Group: NZ European/Maori/Other (please specify) _____

Iwi Affiliation 1 _____ 2 _____ 3 _____

Do you want your child included on the Maori roll? Yes/No Language spoken at home _____

Contact Details

Parent/Caregiver Name _____ Relationship to child _____

Address (if different than child) _____

Mobile _____ Home Phone _____ Work _____

Email _____

Parent/Caregiver Name _____ Relationship to child _____

Address (if different than child) _____

Mobile _____ Home Phone _____ Work _____

Email _____

Other Emergency Contact Name _____ Relationship to child _____

Mobile _____ Home Phone _____ Work _____

Other Emergency Contact Name _____ Relationship to child _____

Mobile _____ Home Phone _____ Work _____

Health Information

Doctor _____ Medication used Regularly _____

Medical Conditions _____

Food Allergies or Dietary Requirements _____



Permissions—please answer the following		
Are you happy for your child to see the Dental Therapist?	Yes	No
Are you happy for you child to see the Hearing & Vision tester?	Yes	No
I accept full responsibility for any medication administered, with my permission, by any staff member.	Yes	No
Are you happy for your child to participate in the Religious Education Programme?	Yes	No
Are you happy for your child’s name, photo and/or work to be published on the school website, school publications and/or newspaper?	Yes	No
Are you happy for your child to take part in activities within the immediate Temuka area? (Specific permission will be sought for trips involving greater distance)	Yes	No
I agree to the school’s internet, uniform and code of conduct policies	Yes	No

Members of your family likely to be attending this school in the future		
1. _____	Date of Birth	/ /
2. _____	Date of Birth	/ /
3. _____	Date of Birth	/ /

Approval

Privacy Statement: The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the NZ Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or requested by law.

Parent Approval: I agree that the school will take action on my behalf in case of sudden illness or injury. I agree to abide to school policies. I agree that the school may forward my child’s name and address to a potential intermediate or secondary school.

I undertake to advise the school should any personal details for my child change during their time at Temuka Primary School.

_____ **Signature** / / **Date**

Office use only	
Birth Certificate supplied _____	Immunisation information provided _____
Room _____	Teacher _____ Date started _____



For parents of New Entrant children to complete

Prior-participation in Early Childhood education

Did the child attend one or more Early Childhood Education services in the six months prior to starting school?

Please complete the table below for the last services attended.

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)
Kohanga Reo			
Playcentre			
Kindergarten or Education and Care Centre			
Home based service			
Playgroup			
The Correspondence School – Te Aho o Te Kura Pounamu			

<i>Please tick the appropriate box</i>	
Attended, but only outside New Zealand	<input type="checkbox"/>
Attended, but don't know what type of service	<input type="checkbox"/>
Did not attend	<input type="checkbox"/>
Unable to establish if attended or not	<input type="checkbox"/>

Did the child regularly attend Early Childhood Education?

“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 ____ years



TELL US ABOUT YOUR CHILD

We would like some information about your child, so we can better meet his/her individual needs. Please fill this in and return to your child's classroom teacher as soon as possible. If you wish your comments to be confidential please place them in a sealed envelope with the teacher's name on the outside. Use the other side of the paper if you want to say more.

Name of child.....

1. What strengths does your child have?
2. What are the areas your child needs extra support in?
3. Any brother and sisters at school and their class numbers
4. Interests and hobbies outside school
5. Friends at school
6. Does your child have access to the internet at home for research tasks? Yes/No
7. Does your child belong to the town library? Yes/No
8. Are there any health issues we need to be aware of? Please give details
9. Are there any issues at school that we need to be aware of? Please give details.
10. Are there any circumstances or issues at home that may affect your child's learning?
11. Is there anything you would like to discuss with the teacher? If so what?
12. What is the main thing that you would like us to do for your child this year?
13. Does your child have any toileting issues that we need to know about?

Thank you for filling this in. Please keep in contact during the year and keep us informed.

If necessary please update your address and phone number with the school office.