Sylvia Park School

Legal surname:	Date Started SPS:/	J	-	Year:		Room Nu	umber:	
Preferred surname: Gender: Boy Girl Home Language: Date of Birth: BDV - Passport No: Ethnicity Name Code Not-Happu Name Code 1	Teacher:			NSN:		ENROL / eT	ap EN:	
Gender: Boy Girl	Legal surname:			Legal first na	me/s:			
Date of Birth: BDV - Birth Cet No:	Preferred surname:			Preferred first name:				
Summaria	Gender: Boy Gi	rl		Home Langu	age:			
Ethnicity	Date of Birth:			BDV -Birth Cert No:				
1	Country of Birth:			BDV –Passport No:				
2 3 9 9 3 9 9 7 Provious School: Year Level: Place in family: of Siblings at this school: Previous School: Siblings at this school: Pear Level: Place in family: of Siblings at this school: Pear Level: Place in family: of Siblings at this school: Place in family: of Siblings at the family: of Siblings at this school: Place in family: of Siblings at this school: Place in family: of Siblings at the family: of Siblings at this school: Place in family: of Siblings at the family: of Siblings at this school: Place in family: of Siblings at the	Ethnicity Name	С	Code	lwi-Hapu		Name		Code
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Work Ph: Email: Surname: First Name: First Name: Country of Birth: First Name: Country of Birth: First Name: First Name: Country of Birth: Mobile Ph: Mobile Ph: Relationship to student: Mobile Ph: Relationship to student: Mobile Ph: Emergency Contact-Surname: First Name: Relationship to student: Mobile Ph: Relationship to student: Mobile Ph: Emergency Contact-Surname: First Name: Relationship to student: Mobile Ph: Emergency Contact-Surname: First Name: Relationship to student: Relationship to student: Mobile Ph: Emergency Contact-Surname: First Name: Relationship to student: Relationship to student: Please enter the number of hours per week for up to 3 ECE-1 (hrs/wk) ECE-2 (hrs/wk) ECE-3 (hrs/wk) a) Kohanga Reo b) Playcentre c) Kindergarten or Education and Care Centre d) Home based service / Playgroup e) Correspondence School – Te Aho o Te Kura Pounamu f) Attended, but outside New Zealand g) Attended, but don't know what type of service h) Did not attend / Unable to establish if attended or not Please Circle one. Not regularly, only occasionally or with on-going schedule. Hearing and Vision Form Completed: Yes / No Immunisation Certificate:				Tilge Name.				
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Dental Info Given: Ves / No Sighted: Yes / No Requested Completed: Yes / No	Hearing and Vision Form Completed:							., ,,,

Work Visa / Student Visa / Resident Visa / Visitors Permit / Refugee						
Student:	DOE to NZ		Student Visa Expiry Date:			
Father:	DOE to NZ		Work Permit Expiry Date:			
Mother:	DOE to NZ		Work Permit Expiry Date:			
Other – Visitor / Refugee:						
Allergies		Sight				
Medication required at school Yes / No		Hearing				
Other		Speech				
Learning & Behaviour Needs		Special Needs (Background / Funding) eg CYF / ESOL / ORRS				
Other Sensitive Information						
Custody Arrangements	Yes / No / NA					
Access Restrictions	Yes / No / NA					
Court Order Issued (Copy of Supporting Documentation Attack)	Yes / No / NA ched)					
Have you got internet access at home	?					

- I agree to send my child to school every day and on time.
- When my child cannot attend school, I will let the school know by 9.00am at the latest.
- 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 New Zealand 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 required by law.

Parents Approval

I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.

- I acknowledge that the information given on this form is true and correct in every particular.
- I agree to abide by all school policies and rules.

Please Note: All <u>NEW ENROLMENTS</u> at Sylvia Park School will wea	ar the compulsory school uniform.
Mr / Mrs / Miss / Ms	
SIGNATURE OF PARENT / CAREGIVER	R / LEGAL GUARDIAN / GUARDIAN
Dated at Auckland this day of day of	20
This enrolment form consi	ists of two pages
Departure Date LDS:/	Year:
No. Colored	