

## Enrolment Details

Date to start Onewhero Area School: \_\_\_\_\_

Previous School or Preschool: \_\_\_\_\_

Year: \_\_\_\_\_

*I agree to abide by the Onewhero Area School Charter and Board of Trustee policies.  
I agree that my name be given to the PTA who may contact me for assistance and for school activities.*

*I understand I have the right to view all information held about me.*

*I agree to Onewhero Area School using the information contained in this document to obtain any educational or health service for my child if required.*

**Signed:**

\_\_\_\_\_

**Parent**

\_\_\_\_\_

**Student** (over the age of 10)

**Date:** \_\_\_\_\_

*Office Use Only*

Year	
Room	
Teacher	
House	
Newsletter	
Admission Register	
Immunisation Certificate	
Birth Certificate or Passport	
Records Requested	
Fees	
Bus Route	

# ONEWHERO AREA SCHOOL



## Enrolment Form

This information is gathered for the purposes of furthering the education of your child.

It will be used within the school and as statistical information when required by the Ministry of Education. In completing such official requests individual students are not identified.

You have the right to alter or amend these details at any time while your child attends Onewhero Area School. You also have the right to view the information held in the office that pertains to this enrolment.

**CONFIDENTIAL**

Admission # \_\_\_\_/\_\_\_\_

## Personal Information

Student's Name	_____
Preferred First Name	_____
Residential Address	_____
Postal Address <i>(if different to residential)</i>	_____
Home Phone Number	_____
Date of Birth:	_____
Gender:	MALE FEMALE
Eldest at this school?	YES NO

## Family Information

Caregiver Name	1: _____	2: _____
Relationship to Student:	_____	_____
Occupation:	_____	_____
Workplace:	_____	_____
Contact phone number:	_____	_____
Emergency Contact: <i>(Used when neither caregiver can be contacted. Please provide name and phone number)</i>		

SIBLINGS	DATE OF BIRTH

**ETHNICITY:** *Which ethnic group do you feel you belong to? (eg NZ European, Maori, Samoan, English)*

*If Maori, what is your iwi and hapu?*

*Language spoke at home?*

## Health Information

*Please specify if this child has difficulties with:*

Sight:	Speech:
Hearing:	Other:
Allergies:	Requires Medication:

*If the student requires medication to be given at school please ask for a medication form*

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

## School Information

### Year 1 to 8

I consent to my child participating in Christian Religious Education

**Yes No** *If no, please detail how you will arrange for your child to be catered for during periods of instruction when the school is closed.*

### Year 9 to 13

Subjects taken at previous school:

What subjects would you like to take and at what level?