Pre-School Information: (Please tick the appropriate box)

- ☐ **Never attended an early childhood centre or service**
- ☐ **Attended a Licensed Kohanga Reo**
- ☐ **Attended a Developing Kohanga Reo**
- ☐ **Attended a Licensed Early Childhood Centre or Service other than a Kohanga Reo**
- ☐ **Attended an Early Childhood Development Service**

Number of Years in one or the other of above: ……..

Pre-School Information: (List below the names and ages of any children in your family below the ages of 5 years who are likely to attend Newmarket Primary School.

Name: …….. D.O.B. …….. Name: …… D.O.B……....

Other Information: (Restricted access etc): ……..

M.O.E. Requirements:

Birth Certificate: (Copy attached) Passport No: (copy attached)

Proof of address: (copy of power/phone/rates bill or rental agreement attached)

PRIVACY ACT

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I also approve the forwarding of my child's address on request to a potential intermediate school. I further approve the forwarding of my phone number to the Board of Trustees and Parent Support Group to enable appropriate phoning on suitable occasions. I understand that the school will take action on my/our behalf in case of sudden illness or injury to my child. I also agree to abide by all Newmarket School policies.

I give permission for my contact telephone details to be included in the School Directory: Yes/No

Signed: …… Date: …….

Name of Previous School: …… Class…….

Address: …… Phone: …… Records Requested:……..

OFFICE USE ONLY: Year: …….. Room no: ……. Teacher: ……

Enrolment no: …… **Entered in school record: …….**
D.O.B. verified: …….. **Proof of address: ……..**
Foreign Fee Paying student: …….