NEWMARKET PRIMARY SCHOOL ENROLMENT FORM

Pupil Details

Full Name: ……. ……. …….
Family Name **First Name** **Middle Name**

Gender: **Male/Female** **Date of Birth: ……/……/…….**
Day Month Year

Address: ……..

……. Phone No: …….

Eldest in school: **Yes/No** **Place in Family …… out of ……**

Religious Instruction in Schools: **Yes/No** **Date Started School: ……**

Nationality: …… **Home Language: ……**

Entered New Zealand (date): ……(if not a New Zealand Citizen) Country of citizenship…….

Ethnic Group: (tick up to three of the following)

☐ **Maori** ☐ **Cook Island** ☐ **Niuean** ☐ **Indian** ☐ **Vietnamese**

☐ **European** ☐ **Tongan** ☐ **Fijian** ☐ **Chinese** ☐ **Filipino**

☐ **Samoan** ☐ **Tokelauan** **Other (Please specify) ……...**

Iwi (if applicable) _____ _____ _____

Parent/Caregiver Details

Father/Caregiver 1: ……. **Mother/Caregiver 2: …….**

Ethnicity: …….. **Ethnicity: ……..**

Occupation: …….. **Occupation: ……..**

Work Phone no: ……... **Work Phone no: ……**

Child lives with (tick one)

☐ **Both parents** ☐ **Mother** ☐ **Father** ☐ **Caregiver 1** ☐ **Caregiver 2**

Living in zone: ☐ **Living out of zone:** ☐

Emergency Contact (a relative or friend)

Name ……..Relationship …….. Ph: ……

Medical Information : Has Your Child been Immunised: Yes ☐ No ☐ Supply Copy to School if Yes

Doctor: …… **Address: …… ph: …….**

Does your child have any allergies, medical requirements etc ? Please specify below.

☐ **HIV or Blood-borne Virus** ☐ **Asthma** ☐ **Bee Sting allergy**

☐ **Diabetes** ☐ **Inhaler required** **……(OTHER)**