

Queenstown Primary School Enrolment Form

**OFFICE USE:**

Seen by: _____

Enrol #: _____

NSN: _____

House: _____

User: _____

Password: _____

Ultranet SINA ELL

Email: NL PG CL Invoice

PLEASE FILL IN ALL SECTIONS AND BRING ALL DOCUMENTS WITH YOU AS LISTED ON THE CHECKLIST ON THE BACK.

ADMISSION DATE _____ ROOM: _____ YEAR LEVEL: _____

CHILD'S LEGAL SURNAME: _____ PREFERRED SURNAME: _____

LEGAL FIRST NAMES: _____ PREFERRED FIRST NAME: _____

BIRTH DATE: _____ PRESENT AGE: _____ Male / Female _____

ETHNICITY: _____ IF MAORI, STATE IWI: _____

BUS REQUIRED: Yes / No Run: _____ COUNTRY OF ORIGIN: _____

Language(s) spoken at home: _____ (Please circle main language used)

IF YOUR CHILD WAS NOT BORN IN NEW ZEALAND, PLEASE COMPLETE THE FOLLOWING:

Date of Entry to New Zealand _____ Country of Birth: _____

Do you have a Student Permit? YES / NO Passport No: _____ VISA EXPIRY DATE: _____

PARENT / CAREGIVER DETAILS:

(Mother) Name: _____ Occupation: _____

Address: _____

Mailing address: (if different) _____

Ethnicity: _____ Language spoken at home: _____

Home Phone: _____ Place of Work: _____

Cellphone: _____ Work Phone: _____

Email address:(compulsory) _____

(Father) Name: _____ Occupation: _____

Address: _____

Mailing address: (if different) _____

Ethnicity: _____ Language spoken at home: _____

Home Phone: _____ Place of Work: _____

Cellphone: _____ Work Phone: _____

Email address:(compulsory) _____

EMERGENCY CONTACT / ADDITIONAL CAREGIVER: This is a compulsory requirement and needs to be in Queenstown

Name: _____ Phone No/s: _____

Address: _____ Relationship to Student: _____

PTO →

MEDICAL INFORMATION:

Doctor: _____ Phone: _____

Any conditions we need to be aware of? Yes / No

Details: _____

SPECIAL NEEDS:

Health: _____

Learning: _____

Behavioural: _____

OTHER FAMILY MEMBERS:

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

CUSTODY OR ACCESS CONDITIONS: Please circle one and provide relevant supporting documents where necessary.

Both Parents Mother Only Father Only Shared Custody

Additional Information: _____

PREVIOUS SCHOOL/S: _____

Date Started: _____ **Leaving Date:** _____

EARLY CHILDHOOD EDUCATION: Please select one and include hours per week for New Entrants only.

A: Never attended EC Centre	Hrs/wk	D: Pacific Island EGG Group or Playgroup	Hrs/wk
B: Attended a licensed Kohunga Reo	Hrs/wk	E: Unable to establish whether ECE attended	Hrs/wk
C: Kindy, Playcentre, Education Centre or Homebase	Hrs/wk	F: Attended ECE by type unknown	Hrs/wk

CHECKLIST: On enrolling your child **you must bring the following documents** with you to the School Office.

If born in New Zealand or Australia

- School Enrolment Form
- Birth Certificate or Passport
- Immunisation Certificate
- Well Child Service Consent Form
- QPS Consent Form

If NOT born in New Zealand or Australia

- Passports - yours and your child's with the following
- Student Visa on your child's Passport
- Work Permit - on YOUR Passport or Residency Permit
- Child's Birth Certificate and Immunisation Certificate
- QPS Consent Form
- School Enrolment Form and Well Child Consent Form

I consent to my child participating in outdoor activities including transport involved with our school programme.

I have read the school's cyber-safety rules and will discuss this with my child.

I consent to my child's records being sent on to another school upon request.

I have read the Parent Information Booklet

SIGNED: _____

DATE: _____