



Karaka School

BLACKBRIDGE ROAD, RD1, PAPA KURA Telephone 09 294 8166

STUDENT INFORMATION

SURNAME OF STUDENT:

FIRST NAME OF STUDENT:

PREFERRED NAME:

PHYSICAL ADDRESS WHERE STUDENT LIVING:

AT TIME OF ENROLMENT IS THE STUDENT LIVING INSIDE THE KARAKA SCHOOL ZONE: YES / NO

STUDENT LIVING WITH:

COUNTRY OF CITIZENSHIP:

DATE OF BIRTH:

BOY OR GIRL:

NATIONALITY:

ETHNIC GROUP:

FIRST LANGUAGE SPOKEN:

State Language i.e Mandarin, Cantonese etc (Not just Chinese)

PLACE OF BIRTH:

FAMILY IWI AFFILIATION:

(Maori students only):

COUNTRY PARENTS WERE BORN: MOTHER:

FATHER:

PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended. Instructions:

- If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or Please tick the appropriate box

g. Attended, but only outside New Zealand	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

Yes, for the last ____ year(s). Not regularly, only occasionally with no on-going schedule. No, did not attend ECE.

OTHER NZ PRIMARY SCHOOL ATTENDED (and address):

OTHER DETAILS:

LEARNING & BEHAVIOUR NEEDS: _____

SPECIAL NEEDS (BACKGROUND/FUNDING) e.g. ESOL, ORRS _____

OTHER INFORMATION/REQUESTS: _____

NAMES OF OTHER FAMILY MEMBERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE NEAR FUTURE:

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

PARENT/CAREGIVER INFORMATION**MOTHER / CAREGIVER**

NAME OF MOTHER MISS / MS / MRS: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS:
(If Different from Physical Address)

OCCUPATION: _____

COMPANY NAME: _____

HOME NO: _____

WORK NO: _____

MOBILE No: _____

HOME FAX NO: _____

E-MAIL ADDRESS: _____

FATHER / CAREGIVER

NAME OF FATHER: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS:
(If Different from Physical Address)

OCCUPATION: _____

COMPANY NAME: _____

HOME NO: _____

WORK NO: _____

MOBILE NO: _____

HOME FAX NO: _____

E-MAIL ADDRESS: _____

ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF:

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (Please attach copies of any relevant Court Papers)

COURT ORDERS ISSUES: Yes/No

EXTRA COPIES OF SCHOOL REPORTS TO: _____

EMERGENCY CONTACT (To be someone other than Parents)

NAME: _____

ADDRESS: _____

HOME NO: _____

WORK NO: _____

MOBILE NO: _____

RELATIONSHIP TO STUDENT: _____

DOCTOR: _____

PHONE NO: _____

DENTIST / DENTAL CLINIC _____

MEDICAL PROBLEMS/MEDICATION: (I consent to my child's vision and hearing being tested)

Allergies: _____

Medication: _____

Hearing: _____

Sight: _____

Speech: _____

Serious: _____

Problems: _____

Immunisation Certificate Attached: Yes / No

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 pupil information to appropriate educational and health authorities, within the limitations of the Privacy Act. I also approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

KARAKA SCHOOL OFFICE MUST HOLD A COPY OF EITHER THE STUDENT'S BIRTH CERTIFICATE OR PASSPORT. YOU MAY BE ASKED FOR PROOF OF RESIDENCE WITHIN THE KARAKA SCHOOL ZONE

Parent or sibling previously attended Karaka School? Yes / No

Name: _____ Year _____

Signature of Parent/Caregiver _____

Date: _____

THIS SECTION IS FOR KARAKA SCHOOL OFFICE STAFF TO COMPLETE

ENROLMENT NO: _____

ENROLMENT DATE: _____

YEAR LEVEL: _____

NSN NO: _____

ROOM NO: _____

BUS YES / NO

HOUSE _____

TEACHER _____

ENTERED ON ENROL YES / NO

RECORDS REQUESTED (date): _____