



MAUNGAWHAU SCHOOL

STUDENT ENROLMENT

OFFICE USE ONLY		<input type="checkbox"/> In Zone	<input type="checkbox"/> Out of Zone	<input type="checkbox"/> Proof of Residence	Copies to:	Entered:
Date received:	Year:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Office	<input type="checkbox"/> Pre-Enrol		
Date due to start:	Room:	<input type="checkbox"/> Immunisation	<input type="checkbox"/> Student Folder	<input type="checkbox"/> Full		
Enrolment						
Date started:	House:	<input type="checkbox"/> Passport / Visa	<input type="checkbox"/> ESOL	<input type="checkbox"/> ENROL		
Enrolment No:	D.O.B:	<input type="checkbox"/> Hearing and Vision	<input type="checkbox"/> Principal's Appointment			
NSN No:		<input type="checkbox"/> Medical	Date:	Time:		

STUDENT DETAILS

Legal Surname		Legal First Name	
Preferred Surname (if applicable)		Preferred First Name (if applicable)	
Gender		Date of Birth	
Address	Street Number: _____ Street Name: _____ Suburb: _____ Postal Code: _____		
Home No. (landline)		Home Languages/ First Language	
Country of Birth		Citizenship	
Date of entry to New Zealand (if applicable)		Past or current sibling's names who attended Maungawhau School	
If parents are migrants, what country did you immigrate from		If you are here on a visa/work permit what date does this expire	
Lives with (please circle)	Both Parents	Mother	Father
Custody Arrangements	Stepmother		
	Stepfather		
	Other (please specify)		
	(if applicable)		
Ethnicity		Iwi (if applicable)	

*Please provide copies of your child's passport and/or birth certificate. Copies of Visas or Immigration Documents if applicable.



EDUCATION

Does your child attend an Early Childhood Service?	<input type="checkbox"/> Yes, for the last _____ year(s) <input type="checkbox"/> No, did not attend ECE Name of service: _____ Number of hours per week: _____ <input type="checkbox"/> Attended, but only outside New Zealand		Type of Service (please tick) <input type="checkbox"/> Playcentre <input type="checkbox"/> Kohanga Reo <input type="checkbox"/> Kindergarten <input type="checkbox"/> Playgroup <input type="checkbox"/> Home Based Service <input type="checkbox"/> Other _____
Date First Started Primary School (either overseas or in NZ)		All previous Schools (starting with the most recent)	
Education/Learning Difficulties			
Cultural/Religious Issues	(Please detail any additional information that you wish the staff to be aware of)		
Health Issues * Severe or Mild (please circle)	(Please specify any medical conditions/allergies)		
Any Additional Information			
*Please provide documentation for information provided above if applicable.			

PARENT/CAREGIVER DETAILS

CAREGIVER 1 (FIRST CONTACT)

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname			First Name			
Relationship to Child (please circle)	Mother		Father		Stepmother	
	Stepfather					
	Other (please specify)					
Address (if different from child)	Street Number: _____		Street Name: _____			
	Suburb: _____			Postal Code: _____		
Home No. (landline)			Cellphone No.			
Email Address			Occupation			
Work No.			Company			



CAREGIVER 2 (SECOND CONTACT)

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Mother		Father		Stepmother	
	Other (please specify)					
Address (if different from child)	Street Number: _____ Street Name: _____					
	Suburb: _____				Postal Code: _____	
Home No. (landline)				Cellphone No.		
Email Address				Occupation		
Work No.				Company		

EMERGENCY CONTACT DETAILS (OTHER THAN ABOVE)

EMERGENCY 1

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Grandmother	Grandfather	Stepmother	Stepfather	Aunty	Uncle
	Nanny/Au Pair	Other (please specify)				
Home No. (landline)				Cellphone No.		
Work No.						

EMERGENCY 2

Title (please circle)	MR	MRS	MISS	MS	DR	(other)
Surname				First Name		
Relationship to Child (please circle)	Grandmother	Grandfather	Stepmother	Stepfather	Aunty	Uncle
	Nanny/Au Pair	Other (please specify)				
Home No. (landline)				Cellphone No.		
Work No.						



MAUNGAWHAU SCHOOL I.C.T AGREEMENT

Student's Legal Surname		Student's Legal First Name	
Preferred Surname		Preferred First Name	
Date of Birth			
I / We give permission for my child's photograph, name and work to appear on the Maungawhau School website.			Yes No
I / We give permission for my child's photograph and work to appear on the School Community Facebook page			Yes No
I / We will speak with my/our child about keeping passwords safe while online			Yes No
I / We will speak with my/our child about the need to inform teachers and/or parents immediately if they feel unsafe while online at school			Yes No
I / We will speak with my/our child about using their school email address (Years 3 - 6) for educational purposes only and understand that this account can be suspended/removed by the school if used inappropriately.			Yes No
I / We will speak with my/our child about not using personal information while online <ul style="list-style-type: none"> • No last names • No address • No contact phone numbers • No personal information about family, friends or staff 			Yes No
I / We give permission for my child's photo to appear on social media platforms.			Yes No
I / We give permission for my child to be filmed for classroom, school or media use.			Yes No

Signed: _____	Date: _____
Print Name: _____	