

George Street Normal School - Application to Enrol

Child's Legal Name: _____
(Family Name) (First Name/s, please underline preferred name)

Date of Birth: _____ (Please attach a copy of child's birth certificate) Gender: Female Male

Mother: _____
(Family Name) (First Names) (Home Phone)

Home Address: _____ Post Code _____

Occupation: _____
(Occupation and Place of Employment) (Work Phone) (Cell Phone)

Father: _____
(Family Name) (First Names) (Home Phone)

Home Address: _____

Occupation: _____
(Occupation and Place of Employment) (Work Phone) (Cell Phone)

Child living with: Mother Father Shared Email contact: _____

Details of access if relevant: _____

Additional Emergency Contacts: _____
(Name) (Phone) (Relationship)

(Name) (Phone) (Relationship)

Health Information: _____

Ethnicity: (Cultural Identity) Child: _____ Mother: _____ Father: _____
(Please name the one ethnicity you would prefer your child to be recognised as)

Iwi Affiliation: (Maori) _____

In Zone Application (Please complete A + C) Out of Zone Application (Please complete A - E)

A Siblings: (brothers/sisters already at school) _____ Date of birth _____
(Name)

B Siblings who are former GSNS pupils _____ Date of birth _____
(Name)

C Siblings likely to be attending GSNS in the future _____ Date of Birth _____
(Name)

D Mother former GSNS student in: (year) _____ Father former GSNS student in: (year) _____

E Parent employee of GSNS: Yes No

Kindergarten/Preschool attended: Yes No Hours per Week _____ Approx age started _____

Total number of years/months/ attended preschool _____

Name of last School/Preschool attended: _____

Date of leaving last School/Preschool : _____ Classification: (e.g. Y2) _____

Checklist (attachments required):

Consent form Copy of Birth Certificate/Passport Copy of Immunisation Certificate Medical form

The School may communicate information regarding your child to relevant agencies (eg Intermediate Schools to which the child is moving) on the understanding that such communication is intended to be helpful to the child's education and wellbeing.

Parent Signature: _____ Date: _____

(If student is not New Zealand Citizen - please complete section on reverse of this form)

Complete if not a New Zealand Citizen Nationality: (Passport) _____

Language spoken at home: _____ Child's Passport Number: _____

Immigration Status:

Permit Status: Child Resident / Visitor / Student / Work _____
(Expiry Date)

Parent/Guardian Resident / Visitor / Student / Work _____
(Expiry Date)

Country of Birth: _____

Date of Entry into New Zealand: _____

Fee Status: (if applicable) _____ Fee Paid: _____ Date: _____

Office use only:

Enrolment accepted _____ (Principal)

Classroom and Year level placement _____

Date of first attendance _____

Original returned to office

Pre Enrolments	Booklet	Letter to Parents	Health Info	T	ESOL
	Enrol	Assembly	Accounts	\$	C

Received:

- Birth Certificate/Passport
- Immunisation Certificate
- Consent Form
- Medical Form

Notes:
