

OFFICE USE ONLY	
Enrolment #	
Student Code	
NSN #	

PUPIL INFORMATION	
LEGAL SURNAME:	COUNTRY OF BIRTH:
PREFERRED SURNAME:	DATE OF ENTRY TO NZ (if not born in NZ)
PREFERRED FIRST NAME:	CITIZENSHIP/RESIDENCY STATUS: (Please provide copy of birth certificate or passport)
GENDER:	
DATE OF BIRTH:	
PLACE IN FAMILY: _____ of	CHILD'S ETHNICITY (Please name the one ethnicity you would prefer your child to be recognised as)
ELDEST CHILD AT THIS SCHOOL: _____ Yes / No	
HOME ADDRESS:	
STREET (No. & Name)	IWI AFFILIATION: (Māori)
SUBURB: _____ POSTCODE: _____	
HOME PHONE:	
PREVIOUS SCHOOL/CENTRE:	
CURRENT YEAR LEVEL:	
IN ZONE: YES (Please complete A + C) NO (Please complete A-D)	
A SIBLINGS ALREADY AT SCHOOL	
(Name) _____	D.O.B _____
(Name) _____	D.O.B _____
B SIBLINGS WHO ARE FORMER GSNS PUPILS	
(Name/s) _____	
C SIBLINGS LIKELY TO ATTEND IN THE FUTURE	
(Name) _____	D.O.B _____
(Name) _____	D.O.B _____
DOES THE CHILD HAVE A PARENT EMPLOYED AT GSNS:	YES / NO

PARENT / CAREGIVER INFORMATION	
CAREGIVER: (This will be used as emergency contact 1)	CAREGIVER : (This will be used as emergency contact 2)
FIRST NAME:	FIRST NAME:
SURNAME:	SURNAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
OCCUPATION:	OCCUPATION:
PLACE OF EMPLOYMENT:	PLACE OF EMPLOYMENT:
MOBILE PHONE:	MOBILE PHONE:
E-MAIL:	E-MAIL:
WORK PHONE:	WORK PHONE:

EMERGENCY CONTACTS	
EMERGENCY CONTACT 3:	EMERGENCY CONTACT 4:
FIRST NAME:	FIRST NAME:
SURNAME:	SURNAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
MOBILE PHONE:	MOBILE PHONE:

FAMILY CIRCUMSTANCES	
CHILD LIVES WITH:	EMAIL CONTACT:
ACCESS DETAILS (If relevant)	
COURT ORDER ISSUED? YES / NO	

EARLY CHILDHOOD EDUCATION	
KINDERGARTEN / PRESCHOOL ATTENDED	
Yes, for the last year/s	Not regularly / no on-going schedule
Name of last School / Preschool attended:	
Date of leaving last School /Preschool	Classification (e.g. Y2)

HEALTH / LEARNING & BEHAVIOUR	
Learning / Behaviour needs:	
Special Needs / Resourcing / Other Agencies working with your child:	
I consent to my child's hearing/vision being tested YES / NO	
Allergies / Medication?	Speech:
Other health issues:	
Family Doctor & Practice Name:	

PLEASE COMPLETE IF YOU ARE NOT A NEW ZEALAND CITIZEN	
Languages spoken at home:	
Child's nationality (as shown on passport) :	Child's Passport Number:
Child's Immigration Status:	Permanent status: Child
Permanent status: Child	Resident / Visitor / Student Work (Expiry Date)
Parent	Resident / Visitor / Student Work (Expiry Date)
Child's Country of Birth:	Date of Entry into NZ:
Fee status (if applicable)	Fee Paid Date:

PRIVACY APPROVAL	
<p>I/we understand and accept that the school shares information about our child/ren and/or dependent/s, where the school is required to under law or when the school is seeking assistance for our children and/or dependent, with various individuals and groups, including but not exclusive to:</p> <ul style="list-style-type: none"> . Government departments, their agents or contractors; . Other schools; . The North Dunedin Community of Learning, Otepoti ke te Raki; . Counselling services, and other helping agencies and groups <p>and that the school will treat personal information about children respectfully and within the expectations of all of the relevant Acts of Parliament.</p> <p>I agree that the school will take action on my behalf in case of sudden illness or injury to abide by the school's policies</p>	
Parent/Caregivers Signature:	Date

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Enrolment accepted by Principal		Classroom placement	Year Level	Date of 1 st attendance	
Pre enrolments	Booklet	Letter to Parents	Health Info	T	ESOL
ENROL	Assembly	Accounts	\$	C	
Received:	Birth Certificate	Immunisation certificate	Consent form	Medical form	
Original form returned to the office			Add name to Mail Chimp		