



WOODBURY PRIMARY SCHOOL ENROLMENT FORM

STUDENT DETAILS

Surname: _____ Gender: _____

First Names: _____ Preferred Name: _____

D.O.B: _____ Age: _____ Present Class: _____
(A Birth Certificate **MUST** be provided for verification) (If applicable)

Home Address: _____

Home Phone Number: _____

Mother Email: _____ Mother Mobile Phone Number: _____

Father Email: _____ Father Mobile Phone Number: _____

ETHNIC BACKGROUND

Country of Origin: _____ NZ Resident: YES / NO (Please circle)

Country of Citizenship: _____ (International students only)

Ethnic Group:

 NZ European / Pakeha

 Maori Iwi: _____

 Pasifika (please specify) _____

 Asian (please specify) _____

PARENT / CAREGIVER DETAILS

Father's Surname: _____ Father's First Name: _____

Occupation: _____ Work Phone: _____

Mother's Surname: _____ Mother's First Name: _____

Occupation: _____ Work Phone: _____

Child lives with (choose one)

 Both Parents

 Mother

 Father

 Caregiver

Do both parents have legal access: YES / NO (Please circle)

Optional:

Are both parents the child's natural parents? YES / NO (Please circle)

Provide details if you wish: _____

Does the child know the above details: YES / NO (Please circle)



WOODBURY SCHOOL

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EMERGENCY CONTACT (For when a parent cannot be contacted)

Surname: _____ First Name: _____

Address: _____ Mobile Phone Number: _____

Relationship to child: _____

MEDICAL INFORMATION

Doctor: _____ Phone Number: _____

Does your child have problems with any of the following:

	Mild	Moderate	Severe	Comment
Allergy				
Coeliac				
Gluten Free				
Asthma				
Hearing				
Sight				
Bladder				
Diabetes				
Eczema				
Epilepsy				
Fainting				
Headaches				
Nervous				
Nose Bleeds				
Bee Stings				
Dietary – eg. Vegetarian				

Other: _____

Has your child had a before school hearing and vision check? YES / NO *(Please circle)*

FURTHER FAMILY INFORMATION: PRE-SCHOOL SIBLINGS

Please supply the names and birth dates of this child's pre-school siblings:

Child's Name	Child's Birth Date



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PRIOR PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Did your 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:

1. If your child was attending *more than one service at the same time*, please enter hours per week for up to three services.
2. If your 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.
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to 3 services	Service 1 (hrs/wk)	Service 2 (hrs/wk)	Service 3 (hrs/wk)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education & 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	
h. Attended but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did your child regularly attend Early Childhood Education?

Regularly means your child was booked into a service for sessions each week / fortnight and generally went to those sessions unless they were sick, on holiday, or had a family occasion etc.

Please tick:

- Yes, for the last ____ years
- Not regularly, only occasionally with no on-going schedule
- No, did not attend ECE

Previous primary school (if applicable): _____

OTHER INFORMATION

Any other information you would like to share with us: _____

I/We agree that the above information is correct

Signature(s): _____