



Haumoana School Student Enrolment Form

Child	Surname:		Boy / Girl	DOB:
	First Names:		Known as:	
	Place in Family:	Out of:	Previous School:	
	Address:	Post Code:	Previous Class level:	
	Home Phone:		Pre School:	
	Was ECE regularly attended: No, did not attend ECE Yes, for last _____ year/s		ECE 1. Hours per week: ECE 2. Hours per week:	
	Born in New Zealand: YES / NO		(If no please provide evidence of Immigration status)	
Parent/Guardian	Mother / Guardian:		Ethnicity:	
	Address:		1.	
	Home Phone:	Mobile:	2.	
	Email:		3.	
	Work Place:	Ph:	Iwi / Hapu:	
	Father / Guardian:		1.	
	Address:		2.	
	Home Phone:	Mobile:	3.	
	Email:		Marae:	
	Work Place:	Ph:	Language spoken at home:	
	Names of Legal parent/guardian (if different from above):			
	Emergency Contact 1:	Ph:	Relationship:	
	Emergency Contact 2:	Ph:	Relationship:	
	Doctor:	Ph:		
	Dentist:	Ph:		
Are there any custody documents related to your child: YES / NO				
Health	Allergies:		Sight:	
	Medication:		Hearing:	
	Serious Health Issues:		Speech:	
	Learning / Behaviour Needs:		B ⁴ School Check: YES / NO	
General	Has your child been excluded from any NZ school: YES / NO			
	Names of other family members to attend Haumoana School:		Birthdates:	
	1.		/ /	
	2.		/ /	
3.		/ /		
Office use	Birth certificate:		Date of Entry:	
	Immunisation certificate:		NSN:	
	Custody documents:		Data Entered: / /	