

WAIHOPAI SCHOOL

INTERNATIONAL ENROLMENT FORM

PUPIL INFORMATION

Please note – the information from this form will be used to begin an Enrolment Record for your child.
This Enrolment Record will follow your child from school to school.

LEGAL FIRST NAMES: _____ **LEGAL SURNAME:** _____ **Boy/Girl**

PREFERRED NAME TO BE CALLED: _____

D.O.B:..... Phone:..... DATE FIRST STARTED SCHOOL(In home country):.....

ADDRESS:.....Postcode.....

PRESENT SCHOOL:.....

YEAR OF SCHOOLING:.....

PARENT / CAREGIVER INFORMATION

With whom does child live? (please circle) Both Parents Mother Father Other (please specify)

Caregiver 1: Relationship: Occupation:
 Address:..... ☎(hme)
 Employment Name & Address:..... ☎(bus).....
 Email Address ☎(mobile).....

Caregiver 2: Relationship: Occupation:
 Address:..... ☎(hme)
 Employment Name & Address:..... ☎(bus).....
 Email Address ☎(mobile).....

AGENT'S INFORMATION

Agent's Name.....
Company Name.....
Address..... Phone(Home)
Email Address..... Phone(Bus).....
 Phone(Mobile).....
 Do you wish your child's school report to be sent to the Agent? YES NO (please circle)

MEDICAL INFORMATION

Asthma	N/Y	Glue Ear	N/Y	Hearing Problems	N/Y
Allergies	N/Y	Sight Problems	N/Y	Serious Health Concerns	N/Y
Medication Taken	N/Y	Brief Details			
Other	N/Y	Brief Details			

- I understand the school will take action on my behalf in case of injury or illness
- I agree to my child participating in Waihopai School organised and supervised visits, trips and events, undertaken during the school day.
- This enrolment form is a true and correct record concerning my child
- I confirm that the address which I have provided to the school will be the usual place of residence of _____ when the school is open for instruction. I will advise the school of any subsequent change of address.

Parent/Caregiver Signature:..... Date:.....

PRIVACY ACT CONSENT FORM

I understand that the information contained on this form is personal information under the Privacy Act 1994.

I also understand as follows:

1. The information provided by me will only be used by the school for school purposes. However, the information about my child may also be disclosed to emergency services in the event of a medical emergency.
2. I have the right to have access to the information, and can amend or correct it if need be.
3. I understand that if I fail to provide the personal information on my child that it may prejudice my child's treatment in the event of a medical emergency.
4. I understand that the information may be disclosed to the Ministry of Education for educational purposes

Signed: Parent / Caregiver