



# GLENBROOK SCHOOL ENROLMENT FORM



## Pupil Details

Legal Surname: .....  
Preferred Surname: .....  
Legal First name/s: .....  
Preferred First name: .....  
Address: .....  
.....  
**Zone: In / Out (Please circle) (please attach proof of address)**  
Ethnicity: NZ European ☐ NZ Maori ☐  
Other 1. ....  
2. ....  
Language/s spoken at home: .....  
Hapu Affiliation: .....  
Iwi Affiliation: .....  
Residency/Citizenship? Yes / No .....  
If No, Date of entry: .....  
Country of birth: .....

Boy / Girl      DOB: .....  
Class level at previous school: ..... (if applicable)  
Copy of birth certificate attached: Yes / No  
Name of **School** / **or** Childhood centre / **Kindy** previously attended:  
1. ....  
2. ....  
Did your child attend preschool/kindy regularly: Yes / No  
**If yes**  
How many hours did they attend Kindy / childcare weekly: .....  
How many months / years attended Kindy: .....  
Child born in NZ: Yes ☐ No ☐  
If no, copy of passport attached Yes ☐  
Special needs / additional support received at previous school:  
.....  
.....

## ***Name of Legal Guardian/s:***

## Parent / Caregiver Details

### **1<sup>ST</sup> EMERGENCY CONTACT**

Name of first parent / caregiver: Mr / Mrs / Ms / Miss  
.....Father / Mother / Guardian  
Email: .....  
Address if different from above: .....  
.....Ph hm: .....  
Ph wk: ..... Cellph: .....  
Occupation: .....

### **2<sup>ND</sup> EMERGENCY CONTACT**

Name of second parent / caregiver: Mr / Mrs / Ms / Miss  
.....Father / Mother / Guardian  
Email: .....  
Address if different from above: .....  
.....Ph hm: .....  
Ph wk: ..... Cellph: .....  
Occupation: .....

## Emergency Contacts

Third Emergency Contact: .....  
Ph: ..... Cell: .....  
Relationship to child: .....

Fourth Emergency Contact: .....  
Ph: ..... Cell: .....  
Relationship to child: .....

## Health

Dental enrolment form completed: Yes ☐ No ☐  
Immunisation certificate attached: Yes ☐ No ☐  
Complete / incomplete  
Doctor: ..... Ph: .....  
Medical centre enrolled with: .....  
.....

Allergies: .....  
Medication: .....  
Serious problems: .....  
.....  
Vision: .....  
Hearing: .....  
Speech: .....  
**PTO**

**Custody Arrangements:** Please supply an up to date copy of custody orders (if applicable).....

What other important details should we now about your child or family background: .....

I have a special hobby / area of expertise I could share with school: Yes ☐ No ☐

Details: .....

**Board of Trustees:** I am interested in: **Board of Trustees:** Yes ☐ No ☐ **PTA:** ☐ Yes ☐ No ☐

I give permission for my contact details to be given: ..... Signed

Names of preschoolers likely to attend this school in future:

1. .... D.O.B. .... 3. .... DOB .....

2. .... D.O.B. .... 4. .... DOB .....

Names of children already at this school:

1. .... Year: .... 3. .... Year: ....

2. .... Year: .... 4. .... Year: ....

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The record made from this information may be viewed at this school by appropriate education, health and welfare authorities. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Signed: ..... Parent / Caregiver

In the event of the child/ren named above needing medication of Panadol or Paracetamol for pain I / we give permission for the school to administer this relief. **Yes / No.** **I would like to be informed prior to administration Yes / No**

In the event of the child/ren named above needing medication of Allergy medicine for allergies I / we give permission for the school to administer this relief. **Yes / No.** **I would like to be informed prior to administration Yes / No**

Signed: ..... Parent / Caregiver

**Office Use only – checklist:**

☐ Admission Date: / /

Enrolment No:

☐ Date started this school: / /

Teacher:

☐ Rm:

Year Level:

☐ Birth certificate received and copied

Photo release form completed:

Level:

Cyber safety completed:

BYOD completed:

☐ Information Book, Bus, Dental & forms given

School house whanau:

☐ Meeting with Principal/DP

School Tour: Yes / No

☐ Special Req/Needs: .....

☐ 1 week check

Buddy: .....

☐ 6 week check

**Office Use only – entered:**

Etap

☐

Enrol:

☐

Parent Portal:

☐

Bus no:

This information will be treated in the strictest confidence and is for record keeping and school organisation.

For BOT lists only relevant contact details will be given.