



Allenton School

Together we learn and grow

Me akotahi hei oranga mō te katoa



Office use Only

Year _____ Room _____ Date Enrolled ____/____/____ House _____

Enrolment Number _____ NSN Number _____

Child's details:

Child's full name: _____ Child's date of Birth: ____/____/____

Name your child is known by / preferred name: _____

Male

Female

Siblings names and Date of Birth: _____

Child's primary residential address: (Please provide Proof of Address i.e. rates or tenancy agreement)

Postcode: _____

Last School/Preschool Attended: _____

Every enrolment MUST include a copy of the child's New Zealand birth certificate, passport and/or immigration documentation

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Child's Country of birth _____

Date of entry to NZ _____

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Parents / Guardians:

1. First Name: _____ Mr/Mrs/Miss/Ms
(Please circle)

2. First Name: _____ Mr/Mrs/Miss/Ms
(Please circle)

Surname / family name: _____

Surname / family name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Phone (Home): _____

Phone (Home): _____

Phone (Mobile): _____

Phone (Mobile): _____

Workplace Name _____

Workplace Name _____

Work Phone _____

Work Phone _____

Email: _____

Email: _____

Relationship to child: _____

Relationship to child: _____

Parents Country of Birth: _____

Parents Country of Birth: _____

Custodial Statement

Are there any custodial arrangements concerning your child?

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court/parenting order is required)

Additional Emergency Contacts (also able to pick up child):

1. First name:	Mr/Mrs/Miss/Ms (Please circle)	2. First names:	Mr/Mrs/Miss/Ms (Please circle)
Surname / family name:		Surname / family name:	
Phone (Home):		Phone (Home):	
Phone (Mobile):		Phone (Mobile):	
Relationship to child:		Relationship to child:	

Health and Well-being Information

Illness/allergies/physical disabilities:

Is your child up-to-date with immunisations?
(Please provide verification of all immunisations)

Tick One Yes No

Child's doctor:

Name:	Phone:
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Name of medical centre:

Additional Information

Do you give permission for your child's name and/or photo to appear in the following locations:

School publications, such as our regular newsletters, and the school website	Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No
School managed social media, such as our school Facebook page	Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No
Local newspapers and media publications, such as the Ashburton Guardian and The Ashburton Courier	Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No

Bus: Does your child travel to or from school on the bus?
If so, please complete the Bus Enrolment Form online at www.mcsts.co.nz

Tick One Yes No

Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

I confirm that the address provided is our place of residence.

I give permission for my child to travel for local Education Outside the Classroom (EOTC) trips where the event is local to Ashburton and we are travelling on foot or by bus.

I agree that in the event of an accident or sudden illness, I authorise the staff of Allenton School to obtain such medical assistance as may be necessary when I cannot be contacted. I agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

Parent/Guardian Signature:	Date: ___ / ___ / ___
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