

# HUKANUI SCHOOL

## Student Enrolment Form

Pickering Crescent, Chartwell, Hamilton  
Phone (07) 8556037, Fax (07) 8550676  
email: office@hukanui.school.nz



### STUDENT DETAILS

Surname \_\_\_\_\_

Legal Surname \_\_\_\_\_

All first name/s \_\_\_\_\_

Preferred name (known by) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

(Birth Certificate to be sighted upon Enrolment)

Country of birth \_\_\_\_\_

Residency / Citizenship? Yes / No If No, enter details below:

\_\_\_\_\_

Date NZ Entry \_\_\_\_\_ (dd/mm/yy)

Language spoken at home \_\_\_\_\_

Student will be eldest at this school?  Yes  No.

If **No**, please name brothers/sisters who are attending this school

\_\_\_\_\_

### For Office Use Only

Student Enrolment No: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NSN: \_\_\_\_\_

ENROL  SMS  Pupil Data

D.O.B. Verification: \_\_\_\_\_

(Birth Certificate, Passport, etc.)

No. \_\_\_\_\_

Immunisation: \_\_\_\_\_

Proof of Address: \_\_\_\_\_

Year Level: \_\_\_\_\_

Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

### PARENT/GUARDIAN DETAILS – please nominate two parent/caregivers and two emergency contacts

**Mother/Guardian:** Name Mrs/Miss \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

**If not Mother, please indicate relationship:** \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

Mail Address (if different) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Father/Guardian:** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Lives with?

**If not Father, please indicate relationship:** \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

Mail Address (if different) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Name \_\_\_\_\_

(Other than  
parents)

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CUSTODY ACCESS

Court order issued? Yes / No / NA

Attach further information as required

**PREVIOUS SCHOOLING (including early childhood education)**

Student is transferring from School (name) \_\_\_\_\_ Year Level \_\_\_\_\_

**Please indicate what Early Childhood Centre this student attended (if just starting school this year)**

- Kohanga Reo
- Playcentre
- Kindergarten or Early Childhood Education Centre
- Home Based Service
- Attended, but only outside New Zealand
- Did not attend any service

Was ECE regularly attended? <input type="checkbox"/> Yes, for the last _____ year/s <input type="checkbox"/> Not regularly, only occasionally Approx number of hours per week _____
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**ETHNIC GROUPS**

Please choose up to two Ethnic Groups which you feel your child belongs to:

- |  |  |
|--|--|
| <input type="checkbox"/> NZ European/Pakeha                                  | <input type="checkbox"/> Other European _____            |
| <input type="checkbox"/> New Zealand Maori – Please indicate Iwi Affiliation | <input type="checkbox"/> Pacific Islands (specify) _____ |
| 1. _____   | <input type="checkbox"/> Asian (specify) _____           |
| 2. _____   | <input type="checkbox"/> Other (specify) _____           |

**DETAILS OF PRE-SCHOOLERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE FUTURE**

1. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**HEALTH RECORD – Please outline any health problems or medication**

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Sight/Vision/Speech/Hearing or Other medical issues \_\_\_\_\_

**IMMUNISATION – Please complete this section on immunisation ONLY if your child is enrolling at 5 years of age**

The immunisation certificate has been brought to school on enrolment  Yes  No

My child is (please tick): Fully immunised   Not immunised at all

**LEARNING AND BEHAVIOUR**

Learning / Behaviour Needs: \_\_\_\_\_

Specialist Needs / Resourcing / Agencies: \_\_\_\_\_

Has your child been stood down, suspended or excluded from another school?  Yes  No

If Yes, what was the reason? \_\_\_\_\_

**PARENT / CAREGIVER DECLARATION**

**I/We acknowledge** that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove your child.

**I/We agree** that our child is required to wear the school uniform as prescribed and shall abide by all School Policies and Procedures.

**I/We understand** my child must be living in the Hukanui School Zone when they commence their schooling at Hukanui School.

**I/We understand** and give permission for the medication detailed in the Health Record list to be administered if and when necessary by the staff of Hukanui School. If our child requires short term medication e.g. Cough syrup / antibiotics, I/We will complete the relevant form which gives the school staff permission to administer this medication. Please ensure the container is clearly labelled with the child's name, the contents of the container, the dosage, expiry date and other relevant information (eg. Store in fridge). In the event of accident or sudden illness, I/We authorise the staff of Hukanui School to obtain such medical assistance as may be necessary.

**I/We understand** that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate school.

**I/We understand** that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers.

**I/We also agree** to the school requesting relevant information from other schools for enrolment purposes and class placements and to forwarding relevant information to another school for enrolment purposes and class placements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_