

Plimmerton School

School Road, Plimmerton, Porirua 5026

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Tel: 04-233-8677

www.plimmerton.school.nz

office@plimmerton.school.nz



ENROLMENT FORM

STUDENT DETAILS

Student's Legal Surname:		Student's Legal First Name/s:		
Preferred Surname (if different from above):		Preferred first name (if different from above):		
Date of Birth:	Boy / Girl	Year Level:	Date of Entry:	Enrolment #:
Previous School (if applicable):		School Year Level at that school on leaving:		
Ethnicities:		Iwi/Hapu (if applicable):		
Home Language:		Country of Birth:	Date of entry to NZ:	
Date of Birth verified: yes / no			Verification Document #:	
Place in family: of	Siblings at this school:		Family members attending in future:	

EARLY CHILDHOOD EDUCATION

Was Early Childhood regularly attended: YES / NO If YES, please indicate which Early Childhood Service:
Kohanga Reo / Playcentre / Kindergarten or Education Care Centre / Home based service / Playgroup / Other

Time attended: hours per week, for the last years

PARENT/CAREGIVER DETAILS

(1) Surname:	First Name	Relationship to pupil:
Mobile #:	Work #:	Home #:
Address:	Email:	
(2) Surname:	First Name	Relationship to pupil:
Mobile #:	Work #:	Email:
Address:		

Emergency Contact 1: Name	Relationship to Pupil:	Telephone:
Emergency Contact 2: Name	Relationship to Pupil:	Telephone:
Legal Guardian (if different from above) Name & Contact Details:		
Custody/Access Issues:		
Extra Copy of school report to: (Name/Address)		

HEALTH

Medical Centre & Telephone No:

Immunisation Cert: Sighted: YES / NO

Before School Check: YES / NO

Vision: Hearing: I consent to my child's vision and hearing being tested: YES / NO

Allergies: Medication:

Specialist Needs/Resourcing/Agencies or any additional information:

PRIVACY STATEMENT:

The information collected will be used by the school for enrolment and forms and essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

PARENT APPROVALS:

I agree/do not agree:

- that the school will take action on my behalf in case of sudden illness or injury
- to abide by the school's policies
- that the school may forward my child's name and address to a potential intermediate or secondary school

Parent/Caregiver's Signature:

Date:

PLEASE NOTE:

A valid copy of Child's Birth Certificate or Passport must be provided with this Enrolment Form
The Child's immunisation status must be shown to the School Office on arrival

FOR OFFICE USE ONLY

Records requested (Date):

Records received (Date):

STUDENTS NAME:

Room: Year: Syndicate: Teacher:

Enrol: NSN:

Edge: Enrolment Number:

Xero: Parent Account #: Add to Group:

AD login: Device/Blot signed: YES / NO

Mana/Hongoeka/Taupo Students:

Seesaw:

Mathletics:

Hapara: