Office use only
Date received:

WADESTOWN SCHOOL
Enrolment form 2025

1. Student Details

Student Legal Surname:*		
Student Legal First Name(s):*		
Student Preferred Surname if other than Legal Surname:		
Student Preferred First Name if other than Legal First Name:		
Gender:*	Male	Female
Student Date of Birth:*		
Student Current Class/Year Level:*		
Student Address:*		
Student Home Phone:		
Student Country of Birth:		
Student Ethnicity:*		
Other Ethnicity:		
Student Iwi Affiliations: If you have classified your child as Maori can you please write down any Iwi affiliations.		
Student New Zealand Citizen/Residency:* Please supply evidence by: Birth Certificate or Passport. These must be sighted by the office staff for legal purposes.		

2. Previous Early Childhood Education and Primary Schooling

ECE attendance:* Did your child attend Early Childhood Education regularly?	
ECE type:* What type of Early Childhood Education did your child receive?	

ECE Years Attended:* How many years did your child attend an Early Childhood Education service?	
ECE Hours per Week:* How hours per week did your child attend an Early Childhood Education service?	
Previous Preschool: Please note the name of the preschool last attended by your child.	
Previous School Name: Please enter the name and address of your previous school.	

3. Proposed Starting Date

Proposed Starting Date:* Please state when your child will start at Wadestown School.	

4. Health

Health: Are there any health issues we should be aware of? Allergies? Medication? Asthma? Speech? Serious problems?	
Family Doctor: Please supply a current immunisation certificate.	
Vision/Hearing:*	Do you consent to your child's vision and hearing to be tested. **YES** **NO**

5. Custody and Court Order (If Applicable)

Court Order: (If Applicable) Has a Court Order been issued?	
Further Information (If Applicable) Give any relevant information.	
Extra copy of school report to:	
Address:	

6. English Language, Learning and Behaviour Needs (If Applicable)

English Language, Learning and Behaviour (If Applicable) Does your child require English language support or have any major learning or behaviour needs that we should be aware of? Please give details	

7. Specialist Resourcing/Agencies (If Applicable)

Specialist Resourcing/Agencies (If Applicable) Is your child receiving or in need of receiving and specialist services and resources from any agencies? Please give details.	

8. Caregiver(s) Details

First Caregiver Name:*	
Address:*	
Occupation:	
Home Telephone Number:*	
Work Telephone Number:*	
Cell phone:*	
Email address:* Please type your email address here.	

Second Caregiver Name:*	
Address:*	
Occupation:	
Home Telephone Number:*	
Work Telephone Number:*	
Cell phone:*	
Email address:* Please type your email address here.	

9. Emergency Contacts

First Emergency Contact Name:	
Relationship to pupil:	
Contact Number:	
Second Emergency Contact Name:	
Relationship to pupil:	
Contact Number:	

10. Siblings

Siblings Names and Dates of Birth: (include preschool) Please give details.	Name: Date of birth: Name: Date of birth: Name: Date of birth:
Family History: Please indicate below if there is any family history of dyslexia or reading difficulties. This is not a label but may help us to identify any issues more quickly	
Parent Approval:	**Privacy Statement:** The information collected will be used by the school for enrolment and forms an 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. **YES or NO** **Parent Approvals** I 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 my child's work and image may be used in accordance with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school. **YES or NO**
Parent/Caregiver Signature and date:	

Additional Information:	

Office Use only:	
Date enrolment form received:	
NSN:	Date entered into ENROL:
Birth date verification: Birth Certificate Number:	**OR**
Passport Number:	
Birth Certificate/Passport sighted date:	
Other Country passport details:	
Student Visa number:	
Student Visa expiry date:	
Sighted immunisation records:	
Teacher:	
Year Level:	