

## **Student Enrolment Form**

www.aoraki.school.nz principal@aoraki.school.nz

	5 Sebastopol Drive, Aoraki Mount Cook Village				
SURNAME:	COUNTRY OF	COUNTRY OF BIRTH:			
LEGAL FIRST NAME/S:	DATE OF ENTR	DATE OF ENTRY TO NZ (if not born in NZ):			
PREFERRED FIRST NAME:	1 '	CITIZENSHIP/RESIDENCY STATUS:  (Please provide copy of birth certificate or passport)			
GENDER:	il lease provie	ie copy or billine	initial or passporty		
DATE OF BIRTH	LANGUAGE/S	LANGUAGE/S SPOKEN AT HOME:			
PLACE IN FAMILY: of	PARENT 1's ETI	PARENT 1's ETHNICITY:			
ELDEST IN FAMILY AT THIS SCHOOL: YES / NO	PARENT 2's ETI	PARENT 2's ETHNICITY:			
HOME ADDRESS:	CHILD'S ETHNI	CHILD'S ETHNICITY: (You may identify with up to 3)			
PREVIOUS SCHOOL/CENTRE:  DATE CHILD STARTED SCHOOL(IF NOT BEGINNER):  CURRENT YEAR LEVEL:	NZ Māori NZ Pākehā European — Fijian Tongan — Cook Island Mā	ori	Samoan Other Pacific Island South East Asian Indian Japanese Other:		
SIBLINGS LIKELY TO ENROL AT AMCS:	lwi:	lwi:	lwi:	_	
	1001.	1001.	IVVI.		
NAME: D.O.B:					
NAME: D.O.B:					

CAREGIVER 1 (this will be used as emergency contact 1)	CAREGIVER 2 (this will be used as emergency contact 2)				
FIRST NAME:	FIRST NAME:				
SURNAME:	SURNAME:				
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:				
ADDRESS:	ADDRESS:				
PHONE:	PHONE:				
EMAIL:	EMAIL:				
OCCUPATION:	OCCUPATION:				
WORK PLACE:	WORK PLACE:				
CHILD LIVES WITH:					

If your child is a New Entrant, di	d they attend an Early Childhood Centre reg	ularly prior to school? YES / NO
	nd enter the number of hours per week and y	
Kindergarten Kohanga Reo	Playcentre Playgroup Private Care Over	rseas Hours per week: No of Years:
Is your child fully immunised? Copy of Immunisation Cert	YES / NO YES / NO	LEARNING/BEHAVIOURAL NEEDS:
Has your child had a before scl	nool check? YES / NO	
Vision/hearing concerns? YES	/NO	SPECIALIST/RESOURCING/OTHER AGENCIES:
I consent to my child's hearing,	/vision being tested? YES /NO	
Allergies/ Medication:		HEALTH ISSUES/OTHER INFORMATION:
Speech:		
Family Dr & Practice: Phone Number:		
Antihistamine Cream for bites/s	to administer the following as needs arise: tings YES / NO uises, eczema, sunburn YES / NO	
EOTC: During your child's educe interest. We believe our immed Bush, the Sir Ed Centre, and the will also, at times, visit Twizel for	diate surroundings provide valuable opportur  DoC Visitor centre are all within walking distantifies etc.	be many times when the class will visit local places of hities for children's learning. Many places such as Governor's cance of the school or a short distance in our school van. We Cook National Park, Glentanner Park, and Twizel YES / NO
	education at Aoraki Mount Cook School the	ey will be taught the use of apps/email/internet skills. Rules assible Use Agreement.
I give permission for my child to	use apps, email and the internet YES / NO	
We have read the Digital Techn where there is a breach of the o		port the school's right to remove digital technology access
		nen the school is unable to contact caregivers or other ecessary steps to ensure the appropriate treatment for my
Signed:	Date:	
and that I must explain any abs		endance to meet the obligations to the Ministry of Education iice each day that my child is absent by 9.30am. /phone (02041440504).
Signed:	Date:	
Policies: I agree to abide by al	I school policies and procedures as per our S	choolDocs (aorakimtcook.schooldocs.co.nz)
Signed:	Date:	