

**BROOKFIELD SCHOOL
ENROLMENT APPLICATION**



In Zone Out of Zone

Legal Last Name:	Date of Birth:
Legal First Names:	Preferred Name:
Gender: Male _____ Female _____	Current Year Level:
Ethnicity (up to three can be listed): _____	
Iwi Affiliations (up to three can be listed): _____	
Main Language spoken at home: English _____ Maori _____ Other _____	
Place in Family: _____ child out of _____ Mainstream _____ Rumaki _____	

Main Caregiver 1: Lives with <input type="checkbox"/>		
Mr / Mrs / Miss /Ms	Relationship to Student:	
Last Name:		
First Name:		
Home Address:		
Email Address:		
Home Phone:	Mobile:	Work No:
Occupation:	Employer:	
Main Caregiver 2: Lives with <input type="checkbox"/>		
Mr / Mrs / Miss /Ms	Relationship to Student:	
Last Name:		
First Name:		
Home Address:		
Email Address:		
Home Phone:	Mobile:	Work No:
Occupation:	Employer:	
Emergency Contacts:		
1. Name:	Phone:	Relationship:
2. Name:	Phone:	Relationship:
Office Use:		
Year Level:	Room:	Start date:
Enrolment Number:		
NSN Number:		
Immunisation Certificate Sighted:		
Previous School:	Milk in schools:	

Custody:			
Are there any custody details we need to be aware of? Yes / No Please outline below anything the school needs to know (NB: to withhold access rights of a parent we need to sight a court order).			
Health Details: (please list any significant details regarding the following)			
Allergies:		Regular medication:	
Speech:		Vision:	
Hearing:		Developmental delays:	
Learning and Behaviour Needs: (Please outline any relevant learning/behaviour needs)			
Other:			
All Immunisations completed: Yes / No		Certificate attached: Yes / No	
Family Doctor:		Contact:	
Ethnicity / Eligibility			
Child's Country of Birth: (Birth Certificate or Passport to be presented for first enrolment in a NZ School)			
New Zealand Citizen:		Yes / No	
New Zealand Resident:		Yes / No	
New Zealand Student Permit: Yes / No		Student Permit Number:	
Early Childhood Participation (For New Entrants Only)			
Did your child regularly attend an ECE?			
<input type="checkbox"/> Yes, for the last _____ years.			
<input type="checkbox"/> Not regularly, only occasionally with no on-going schedule.			
<input type="checkbox"/> No, did not attend an ECE.			
Please enter the number of hours per week for up to 3 services:			
	Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
a. Kohanga Reo:	Name of Centre _____		
b. Playcentre:	Name of Centre _____		
c. Kindergarten / Education Centre:	Name of Centre _____		
d. Home Based Service:	Name of Centre _____		
e. Playgroup:	Name of Centre _____		
f. The Correspondence School – Te Aho o Te Kura Pounamu			
Or			
Please tick the appropriate box			
g. Attended but only outside New Zealand			<input type="checkbox"/>
h. Attended, but don't know what type of service			<input type="checkbox"/>
i. Did not attend			<input type="checkbox"/>
j. Unable to establish if attended or not			<input type="checkbox"/>
NEWSLETTER:			
Please indicate how you would like to receive your school newsletter every second Thursday:			
<input type="checkbox"/> By email		<input type="checkbox"/> Paper copy sent home with my child	

