



Wairoa Primary School

29 Campbell St
Wairoa

Ph: (06) 838 6209

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Enrolment Information

Nau mai Haere Mai! Thank you for enrolling your child at Wairoa Primary School. We look forward to having a long and positive relationship with your child and Whanau.

Family Name: _____ School Year Level: _____
 First Name: _____ Start Date Here: _____
 Middle Name: _____ Ethnic Groups: _____
 Date of Birth: _____ Tribe/Iwi: _____
 Gender: Male / Female Language spoken at home: _____
 Place in family: / Pre-School Name: _____
 Attended: hours per week in last years

Previous School: _____

Please circle: Mainstream or Total Immersion Maori

Address: _____

Home Phone: _____ Cell Phone: _____

*** Please provide active Contact numbers, the Cell Phone Number will be used for Early Notifications i.e Emergencies & Absentees**

Email: _____

Would you like your Weekly Notices to be received by email: _____ Yes / No

Caregiver Details

Mother/Caregiver: _____ Father/Caregiver: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Occupation: _____ Occupation: _____

Legal Guardian: Yes / No Legal Guardian: Yes / No

To be contacted in Emergency: Yes / No To be contacted in Emergency: Yes / No

Name of three (3) other people we can contact if we can not reach you

Name	Phone	Address	Relationship to the child
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Office Use

Room: _____ Birth Certificate: _____
 House: _____ Verification Docs: _____
 Year Level: _____ Document Serial Number: _____
 School Admission Number: _____ Immunisation Cert: _____
 Local Student ID _____
 National Student Number: _____

Special Needs

If your child has received special education programmes at a previous school, please specify what the needs are and how they were met:

Health & Welfare

Family Doctor: _____

Address: _____

Please indicate if your child has any of the following impairments

Allergies Speech Hearing Sight Medication
Does your child suffer from Asthma? Yes / No Mild / Moderate / Serious

If Yes, please specify what triggers your child's asthma: _____

Has your doctor written an Asthma Action Plan? Yes / No

Have you provided the School with a copy? Yes / No

Other Serious Health Issues: _____

Immunisations Up To Date: Yes / No

Immunisation Certificate Provided: Yes / No

Have you provided the school with a form of identification for your child? (ie Birth certificate, passport etc)
Yes / No

Additional Information

Please add any other information which may be useful to ensuring your child adjusts to his/her new school.

This may include special interest, strengths, behaviour

Names of Children Likely To Attend The School in the Future

1 _____ DOB: _____
2 _____ DOB: _____
3 _____ DOB: _____

Caregiver Approval - By signing this you agree to the following:

- I agree that the school will take action on my behalf in case of sudden illness or injury.
- I agree to abide by school policies and procedures.
- I agree that the school may forward details to potential schools.
- I agree to my child attending all school authorised trips/outings.
- I agree that the school may administer pain relief.
- I consent to my child being seen by the Public Health Nurse.
- I consent to my child can be screened by the hearing and vision technician.

Signature of Parent/Guardian: _____

Date: _____