



Enrolment Form for Regular Students – BIRCHVILLE SCHOOL

Personal Information:

Last Name	First Name (s)	Preferred Name	Gender

Address	Suburb	City	No. in Family	

Physical Address (if different from above):	Elder	Only

Phone	Confidential	Cellphone	Email Address	Date of Birth
	Y/N			

Ethnicity and Language:

Child's Ethnicity (up to 3)

Iwi :	Iwi :	Iwi :

Medical Details:

Doctor's Name	Address / Phone	Medical Notes/Med/Disability Inform
Dentist's Name	Address / Phone	

Primary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
Address	Suburb	City	Telephone
Occupation	Employer	Business Telephone	Cellphone

Secondary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
Address	Suburb	City	Telephone
Occupation	Employer	Business Telephone	Cellphone

Emergency Contacts:

Name	Relationship to Child	Address	City	Telephone

Future Family Members Likely to Attend this School:

Name	Age	Gender	Date of Birth

Family Members who have attended or are currently attending this School:

Name	Last Year Attended	Gender	Room	Year

Extra Copy of School Report to:

Extra Copy of School Newsletter to/or
Email Copy to:

Names of Legal Guardians:

Custody Arrangements/Access Restrictions:

Extra Student Notes:

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

...../...../20.....
Parent's/Caregiver Signature