



# AMBERLEY SCHOOL ENROLMENT FORM

Ph: (03) 314 8309

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Email: [office@amberley.school.nz](mailto:office@amberley.school.nz)

Web: [www.amberley.school.nz](http://www.amberley.school.nz)

## Information about the Child

Full Name: ..... Male / Female  
Family Name First Name Middle Name please circle

Preferred First Name: ..... Preferred Last Name: .....

Address: ..... Phone Number: Home .....

Post Code: .....

Previous School: ..... Class level and Teacher at previous school: .....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(this needs to be verified when a 5 year old starts school e.g. Birth Certificate or Passport) (Attached YES / NO)

If not born in N.Z Please supply a copy of their birth certificate and relevant immigration documents. (Attached YES / NO)

Ethnic Background (Ministry of Education Nationality groups are below)

Ethnic groups: ...../...../..... Home Language: .....  
(NZ Maori, Tokelauan, Fijian, Niue, Tongan, Cook Islands Maori, Samoan, Other Pacific Islands, South East Asian, Indian, Chinese, Other Asian (Japanese, Korean), Other (African, South American), Other European, NZ European / Pakeha )

Iwi affiliation: .....

## Information needed by Amberley School

**Caregiver 1:** .....  
(Person that the child lives with and has custody of the child)

**Caregiver 2:** .....  
(Person that the child lives with and has custody of the child)

Preferred name: .....

Preferred name: .....

Relationship to pupil .....  
(e.g. Mother/Grandparent)

Relationship to pupil .....  
(e.g. Mother/Grandparent)

Custody: Yes / No (papers attached if required)

Custody: Yes / No (papers attached if required)

Occupation: .....

Occupation: .....

Home Ph: .....

Home Ph: .....

Mobile Ph: .....

Mobile Ph: .....

Work Ph: .....

Work Ph: .....

Address: .....

Address: .....  
(If different from Caregiver 1)

Email: .....

Email: .....

Child lives with (Tick):  Both Parents  Mother  Father or .....

Siblings and their birthdates:

Other Information (legal guardianship, restricted access etc. It is essential for the Principal to have a copy of any custody papers).

.....(papers attached if required)

### Additional contacts:

**Emergency Contact 1:** ..... Home Ph: .....

Relationship to pupil: ..... Mobile Ph: .....

**Emergency Contact 2:** ..... Home Ph: .....

Relationship to pupil: ..... Mobile Ph: .....

I give permission for my child to attend Religious Instruction:	YES / NO
Year 7 and Year 8 Pupils Technology lessons (at Rangiora Borough):	Code of conduct form attached YES / NO
Will your child be using the school bus to get to and from School?	Code of conduct form attached YES / NO
Education Outside the Classroom Agreement (EOTC):	Agreement form attached YES / NO
Cyber Safety agreement:	Agreement form attached YES / NO

## Health and Learning Needs

The school needs to know if your child has any health issues.....

Allergies: No / Yes (Details): .....

Medication: No / Yes (Details): .....

Speech: No / Yes (Details): .....

Sight: No / Yes (Details): .....

Hearing: No/ Yes (Details): .....

Other Problems: No / Yes (Details): .....

Blood related diseases (e.g. Hepatitis, Aids) No/Yes (details to be included on separate sheet please)

Immunisation: No / Yes / Current: (this needs to be verified with your child's Plunket book when a 5 year old starts school)

Permission for the school to administer panadol if required: No / Yes

Doctor : ..... Phone: .....

For the school to cater for all students' needs, the school needs to be aware of any:

Learning needs: No Yes (Details) \_\_\_\_\_

Behaviour Needs: No Yes (Details) \_\_\_\_\_

Are there any cultural needs/requirements that the school needs to be aware of?.....

## Information needed by the Ministry of Education

What preschool education did your child have: ..... Amount of hours / days (per week): .....  
(ie: None, Kohanga Reo, Licensed Playcentre – Kindergarten – Childcare, etc.) Amount of years in care: .....

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, and I am aware that I can view my child's records by contacting the school office.

I approve the school forwarding records when my child transfers to another school or potential secondary school.

I agree to the school taking action on my behalf in the case of sudden illness or injury.

I agree to abide by the school policies, one of which is a compulsory school uniform.

If there are any questions please speak to the Principal or Executive Officer; Belinda Hooper.

Signed: ..... Date: .....

**\*\*PLEASE ENSURE YOU HAVE ATTACHED A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND THE BUS / EOTC / CYBER SAFETY AGREEMENTS \*\***

Office use only	
Date Started	
Room	
Year	
Enrolment Number	
Pre-enrolment ent.	
ENROL entered	
Out of Zone Form	