



Verran Primary School

# Verran Primary School

Address: 136 Verran Rd, Birkenhead, Auckland, 0626

Phone: (09) 483 7052

Email: office@verranprimary.school.nz



Education To Ready Children To Thrive In Life

## Enrolment Form

### Student Details

**Surname or Family Name:**

**First Name(s):**

**Preferred Name:**

**Date of Birth:** (Evidence Required)

**Gender:**

Female

Male

**Year Level:**

(e.g. NE, Yr1, Yr2, Yr3, Yr4, Yr5, Yr6)

**Country of Birth:**

**Residency / Citizenship:**

Yes  No

If 'No' Date NZ Entry:

**Language Spoken at Home:**

English

Other (Please Specify):

**Ethnicity:** (Please Specify)

**Iwi/Hapu:** (Please Specify)

### Medical Information

**Doctor's Name:**

**Doctor's Ph:**

Immunisation Cert Received

**Existing Medical Conditions:**

**Special Needs:**

### Parents / Caregivers Details

**Full Name:**

**Relationship to Pupil: Country of Birth:**

**Home Ph:**

**Mobile Ph:**

**Work Ph:**

**Workplace:** (If Applicable)

**Email Address:**

**Residential Address:** (Evidence Required)

In Zone

Postcode

**Full Name:**

**Relationship to Pupil: Country of Birth:**

**Home Ph:**

**Mobile Ph:**

**Work Ph:**

**Workplace:** (If Applicable)

**Email Address:**

**Residential Address:** (Evidence Required)

In Zone

Postcode

### Emergency Contact Details

**Full Name:**

**Relationship to Pupil:**

**Home Ph:**

**Mobile Ph:**

### Custody / Access Restrictions

**Note Custody Issues:**

(Attach appropriate documents)

### Early Childcare Education:

Was ECE regularly attended?

Yes, for the last  year/s

Not regularly.

No, did not attend ECE.

Did your child attend an ECE Service in the last 6 months prior to starting school?

Please enter the number of hours/week for up to 3 Services or tick the appropriate box below.

(e.g. Kohanga Reo, Playcentre, Kindergarten or Education & Care Centre, Home base Service, Correspondence School - Te Aho o Te Kura Pounamu)

1.

Hours / week:

2.

Hours / week:

3.

Hours / week:

Attended, but only outside NZ.

Attended, but don't know what type of service.

Did not attend.

Unable to establish if attended or not.

### Siblings currently at this School:

1.

2.

3.

### Siblings likely to attend this School:

1.

Date of Birth:

2.

Date of Birth:

3.

Date of Birth:

### Parent Approvals:

I agree that the school will take action on my behalf in case of sudden illness, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential intermediate or secondary school.

**Parent / Caregiver Signature:**

Date: