

# Riverdale School Enrolment Form



Family name		Phone	
First names		Address	
Preferred name			
Date of birth / /	Male / Female		
Country of birth if not NZ (child)		Country of birth if not NZ (parents)	
Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of entry to NZ	
Ethnicity 1		Ethnicity 2	
Iwi		Language spoken at home	
Religious Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Riverdale Zone? <input type="checkbox"/> In <input type="checkbox"/> Out	
Number of siblings		Place in family	
Younger siblings			
Name		Date of birth / /	
Name		Date of birth / /	
Name		Date of birth / /	
Previous school / preschool			Class Level

## Parents / Caregivers / Guardians

	Primary Caregiver	Primary Caregiver
Name		
Address if different		
Occupation		
Workplace		
Hours of work		
Phone (home)		
Phone (work)		
Phone (cell)		
Email		
Relationship to pupil		

## Emergency Contacts *(in case parents / caregivers cannot be contacted in an emergency)*

Name		
Phone		
Address		
Relationship to child		

Court order issued?  Yes  No  Not applicable

Extra copy of school report to:



### Early Childhood Education

Was early childhood education regularly attended?

yes, for the last \_\_\_ years       not regularly, only occasionally       did not attend E.C.E.

Did your child attend an E.C.E. service in the six months prior to starting school?

Early Childhood Centre	Hours per week

### Learning / Behaviour Needs

Learning / Behaviour	
Specialist Needs /	
Other information / needs	

### Medical Information

Has your child had a B4 School check? B4SC developmental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B4SC health? B4SC behavioural?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation Certificate:      Sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision:	Hearing:		
I consent to my child's vision and hearing being tested: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergies:			
Medication:			
Speech:			
Serious problems:			
Doctor:			

Signature ..... Date .....

### Office Use

Birth date verification: <input type="checkbox"/> Birth certificate/number <u>or</u> <input type="checkbox"/> Passport number	
Records/information requested: / /	Records/information received: / /
ENROL: <input type="checkbox"/> Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Behavioural <input type="checkbox"/> Custodial <input type="checkbox"/> Health <input type="checkbox"/> Personal	
NSN:	Data entered: / /
No previous schools/enrolments:	Issued... <input type="checkbox"/> Health card <input type="checkbox"/> School info/pack
Year Level:	Room:      Teacher
School admission number:	Date of entry: / /      House: