

# 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:

