

BROWNS BAY SCHOOL APPLICATION FOR ENROLMENT - 2019

PREFERRED FAMILY NAME:	LEGAL NAME:	DATE OF BIRTH:	Male/Female
PREFERRED FIRST NAMES:	LEGAL FIRST NAMES:	CHILDS MOE ETHNICITY: Select from list on back of form (up to three, if more than one please state Identifying Ethnicity FIRST)	
PRESCHOOL ATTENDED:		CHILDS COUNTRY OF BIRTH:	
PREVIOUS SCHOOL (if applicable):		DATE OF ENTRY TO NZ:	
DATE STARTED AT FIRST SCHOOL (if applicable):		CHILDS HOME LANGUAGE:	
CURRENT SCHOOL LEVEL:		LIVING WITH:	
MOTHER/GUARDIAN:		FATHER/GUARDIAN:	
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:	
ETHNIC GROUP:		ETHNIC GROUP:	
HOME LANGUAGE:		HOME LANGUAGE:	
ADDRESS:		ADDRESS:	
HOME PHONE:	MOB:	HOME PHONE:	MOB:
EMAIL:		EMAIL:	
OCCUPATION:		OCCUPATION:	
PLACE OF EMPLOYMENT:		PLACE OF EMPLOYMENT:	
PHONE NUMBER:		PHONE NUMBER:	
SIBLINGS: Currently at this school:		Yet to start school:	
1.		1. Dob: / /	
2.		2. Dob: / /	

CUSTODY/ACCESS ARRANGEMENTS:

FAMILY DOCTOR: PHONE NUMBER:	KNOWN ALLERGIES: MEDICATION:
TWO EMERGENCY CONTACTS (other than parents): 1. Name: Phone Number: Relationship: 2. Name: Phone Number: Relationship:	DENTAL CLINIC:
	HEALTH PROBLEMS: Sight: Speech: Hearing:

DECLARATION:

I give authority to the Principal to act on my behalf in any medical emergency.
 I give permission for my child to attend all approved educational visits and trips.
 I agree to abide by all Board of Trustees Policies.
 I give permission for my child's image to be displayed on School related websites

Information given on this form is true and correct. I understand that the information provided may be used for school based activities and be passed to other agencies who work with the school for educational purposes. I understand my child's records will be passed to subsequent schools.

Signed:

CLASS: ROOM: 19/

ADDITIONAL INFORMATION OFFERED BY PARENTS:

MOE ETHNIC GROUPS:

African	Fijian	Korean	NZ European/Pakeha	Samoan
Australian	Filipino	Latin American	Other Asian	South Slav
British / Irish	German	Maori *	Other Ethnicity	Sri Lankan
Cambodian	Greek	Middle Eastern	Other European	Tokeauan
Chinese	Indian	Niuean	Other Pacific Peoples	Tongan
Cook Island Maori	Italian	None	Other Southeast Asian	Vietnamese
Dutch	Japanese	Not Stated	Polish	

*If Maori Student, please state IWI (up to three).....

SCHOOL USE ONLY:

IMMUNISATION: Certificate shown: YES / NO

Immunisation Complete: YES / NO

If incomplete which diseases immunised:	Hepatitis B	YES / NO	HIB	YES / NO
	Polio	YES / NO	Measles	YES / NO
	Diphtheria	YES / NO	Mumps	YES / NO
	Tetanus	YES / NO	Rubella	YES / NO
	Pertussis	YES / NO		

Comments

Residential Zone : IN / OUT Address Verified: [] Sibling : Yes / No
 Date of Birth Verified: [] Date of Entry to BBS: / /
 Date of Entry to New Zealand : / /
 Class Level: Room No: Reg No: 19/
 School Fee Paid: Full year T1 T2 T3 T4 NSN:

ACCEPT / DECLINED LETTER SENT: []
 CONFIRMED / DECLINED / WAIT VERBAL NOTIFICATION: []
 REASON (if declined or wait) :