

Te Kura-a-Rohe o Te Whitianga-a-Kupe
MERCURY BAY AREA SCHOOL
 ENROLMENT FORM / Puka Whakauru

STUDENT DETAILS

SURNAME: _____

FIRST NAMES; _____

NAME PREFERRED: _____

ADDRESS: _____

HOME PHONE: _____

NATIONALITY: _____

FIRST LANGUAGE SPOKEN: _____

IWI: _____

BROTHERS/SISTERS AT SCHOOL ALREADY: _____

PRE-SCHOOLERS IN THE FAMILY

NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

<u>Office Use Only</u>		
Year: _____	Class: _____	Room: _____
Enrolment No.: _____		
Bus Route: _____		
House: _____		
Date of Birth Verified: _____		Yes / No

PARTIAL IMMERSION OPTION

GENDER: male female
(please select)

DATE OF BIRTH: _____

Last School attended
 (if any): _____

Year level of previous
 class _____

Early Childhood Details: _____

School first MBAS
 started at: Other: _____

Date first
 attended MBAS: _____

CLASS: _____

CLASS: _____

CLASS: _____

I agree that the school will take action on my behalf if I cannot be contacted
 in case of injury or sudden illness.

Signature: _____ Parent / Caregiver

I agree that the school can give my child paracetamol as a pain relief if necessary.

Signature: _____ Parent / Caregiver

I agree that my son/daughter will abide by the school rules which includes wearing of the school uniform

Signature:

Parent / Caregiver

Please indicate/fill in this information for the people who **are in direct care** of this student.
If the caregiver does not apply, then do not fill it in.

PARENT/CAREGIVER 1 MOTHER / STEPMOTHER / FATHER'S PARTNER / WHANAU / OTHER

(Please state)

		(Please circle)	
SURNAME: _____	To Receive Reports	Yes	No
TITLE Mrs / Ms / Dr <small>(please circle)</small>	To Receive School Information	Yes	No
FIRST NAME: _____	Can be Contacted in Emergency	Yes	No
ADDRESS: _____	Living With	Yes	No
_____	Legal Guardian	Yes	No
_____	Access Rights	Yes	No

HOME PHONE: _____	WORK PHONE: _____		
OCCUPATION: _____			
WORK PLACE: _____			

PARENT / CAREGIVER 2 FATHER / STEPFATHER / MOTHER'S PARTNER / WHANAU / OTHER

(Please state)

		(Please circle)	
SURNAME: _____	To Receive Reports	Yes	No
TITLE Mr / Dr <small>(please circle)</small>	To Receive School Information	Yes	No
FIRST NAME: _____	Can be Contacted in Emergency	Yes	No
ADDRESS: _____	Living With	Yes	No
_____	Legal Guardian	Yes	No
_____	Access Rights	Yes	No

HOME PHONE: _____	WORK PHONE: _____		
OCCUPATION: _____			
WORK PLACE: _____			

CAREGIVER 3 WHANAU / OTHER _____

(Please state)

(Please circle)

SURNAME: _____

Receive Reports Yes No

TITLE Mrs / Ms / Dr
(please circle)

To Receive School Information Yes No

FIRST NAME: _____

Can be Contacted in Emergency Yes No

ADDRESS: _____

Living With Yes No

Legal Guardian Yes No

Access Rights Yes No

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____

WORK PLACE: _____

CAREGIVER 4 WHANAU / OTHER _____

(Please state)

(Please circle)

SURNAME: _____

To Receive Reports Yes No

TITLE Mr / Dr
(please circle)

To Receive School Information Yes No

FIRST NAME: _____

Can be Contacted in Emergency Yes No

ADDRESS: _____

Living With Yes No

Legal Guardian Yes No

Access Rights Yes No

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____

WORK PLACE: _____

EMERGENCY CONTACT

SURNAME: _____

TITLE Mrs / Ms / Miss / Mr / Dr

FIRST NAME: _____

RELATIONSHIP: Neighbour
Family Friend
Relative _____
(Please specify)

ADDRESS _____

HOME PHONE: _____

WORK PHONE: _____

MEDICAL Please answer to the best of known knowledge

Doctor: _____

Dentist: School _____
Other: _____
Phone: _____

Degree of illness:

Allergies: Beestings yes / no _____
Wasp stings yes / no _____
Other: _____ (please state) _____

Asthma: yes / no If yes, do you have an up to date asthma plan? yes / no
Diabetes: yes / no _____
Epilepsy: yes / no _____
Hayfever yes / no _____
Headaches: yes / no _____
Heart: yes / no _____
Migraines: yes / no _____
Rheumatic Fever: yes / no _____

Medication: Please state the name, the dosage, and when it is to be taken, and under what circumstances:

Are there any other details that we should know about, so that your child gets the best possible care while at school?

IMMUNISATIONS

I have / have not chosen to immunise my child.

Signature _____ Parent / Caregiver

Immunisation Certificate sighted on pg 127 in Well Child Book, and it is signed. Yes / No

Fully immunised: Not fully immunised:

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, or laboratory proven infection/immunity:

Hepatitis B: Tetanus: Measles:
Polio: Pertussis: Mumps:
Diphtheria: Hib: Rubella:

Vaccinator's Declaration signed: Yes / No