

### Student Details

Legal Surname:	
<i>Preferred surname if different from above:</i>	
Legal First Names:	
<i>Preferred first name if different from above:</i>	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address (where the child lives more than 50% of the time):	
Home Phone:	Mobile Phone:
Email (Parent/Caregiver):	
Pre- School Attended:	Hours per week:
<b>OR</b> Previous School Attended:	Date first started school:
Current School Year level:	

### Ethnic Background

Country of Birth:	NZ Residency: YES <input type="checkbox"/> NO <input type="checkbox"/>
1 <sup>st</sup> Home Language:	Visa/Permit Type:
2 <sup>nd</sup> Home Language:	Visa/Permit Expiry Date:
Ethnicity:	Date Entered NZ:
Iwi/Hapu	Ethnicity:

### Parents/Caregivers Details

Relationship to Child: Lives with <input type="checkbox"/>	Relationship to Child: Lives with <input type="checkbox"/>
Mr/Mrs/Ms:	Mr/Mrs/Ms:
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Home Ph: Mobile:	Home Ph: Mobile:
Work Ph:	Work Ph:
Occupation:	Occupation:
Country of Birth:	Country of birth:
Custody/Access Issues? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please supply details along with documentation:
Court Order Issued: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

## Emergency Contacts (other than Parent/Caregiver)

Name:	Name:
Relationship to Child:	Relationship to Child:
Home Ph:	Home Ph:
Mobile:	Mobile:

## Other Information

<b>Medical Information:</b>	B4 School check: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Doctor:	Phone:	
Medical Conditions:	Allergies:	
Medication Requirements:	Action plan supplied: <input type="checkbox"/>	
Sight:	Speech:	Hearing:
<b>Learning and Behaviour:</b>		
Please let us know of any identified learning difficulties or other issues we should be aware of ( <i>dyslexia, ADHD, autism</i> ):		
Is your child receiving assistance from outside agencies, i.e RTLB, GSE?		
Other information/requests: ( <i>attach further information as required</i> )		
<b>Preferred Pathway of Learning within Birkdale North School:</b>		
English medium <input type="checkbox"/>	Maori medium <input type="checkbox"/>	
French medium <input type="checkbox"/>		
Name of siblings currently at BNS:	Name of siblings who may attend BNS:	
	Year: DOB:	
	Year: DOB:	
Contact details for absence notifications and notices:		
Phone:	Email:	

### Declaration:

I understand the information on this form is collected to form part of the essential information the school holds on my child. This information is shared with the MOE and held on a national data base.

I understand the information provided will be used for school based activities and be passed onto other agencies who work with the school for educational and health purposes.

I understand my child's records will be passed onto subsequent schools.

### Consent:

- I give permission for my child to attend all approved educational visits and trips.
- I give permission for my child's photo to be used for promotional purposes, e.g. website, newsletter.
- I agree to abide by all Board of Trustees policies. (available on request from the office).
- I give permission for the school to act on our behalf in a medical emergency.
- I give permission for the school to administer Panadol to my child for headache pain relief
- I give permission for the school to administer an antihistamine if my child has an insect sting/bite

I confirm that the information provided in this form is true and correct. I have read and understood the declaration and consent information above.

Name: .....

Signed: ..... Date: .....

**For office use only.**

Student Name:	DOB:
Student enrolment Number:	Birth Certificate/Passport: <input type="checkbox"/>
Start Date:	Immunisation: <input type="checkbox"/>
NSN:	Dental: <input type="checkbox"/>
Year level:	Hearing & Vision: <input type="checkbox"/>
Room:	School donation paid: <input type="checkbox"/>
ESOL:	Date of entry to NZ:
Visa type:	Expiry date:
Principal Meeting:	Class List <input type="checkbox"/>
Visit 1:	House List <input type="checkbox"/>
Visit 2:	Musac Edge: <input type="checkbox"/>
Ethnicity:	Enrol: <input type="checkbox"/>