



# Masterton Primary School Enrolment Form

Last Name	First Name(s)	Gender
<input type="text"/>	<input type="text"/>	M / F
Address		Postcode
<input type="text"/>		<input type="text"/>
Town		
<input type="text"/>		

**Office Use Only**

**Enrolment Number**

**Year Room House**

Phone	Mobile	Email Address	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Ethnicity		First Language	
<input type="text"/>		<input type="text"/>	
Start date at MPS	Previous School	Country Where Born	Date of Entry to NZ
/ /	<input type="text"/>	<input type="text"/>	/ /

Pre-School / Kindergarten Attended

Religion

Computer at Home  Y/N

Internet at Home  Y/N

Attendance at Kindergarten / Pre-School

Did not attend Regularly	Attended for 5 years ( )	Attended for 4 years ( )	Attended for 3 years ( )
<input type="checkbox"/>	Attended for 2 years ( )	Attended for 1 year ( )	Attended for 6 months ( )

Kindergarten / Pre-School Daily hours attended  hours a day

**Medical Details:**

**Milk In Schools:** OK to have milk daily at school  Y/N

Doctor's Name

Address / Phone

I agree to the school providing Pamol or Panadol for pain relief if necessary  Yes / No

Medical Notes / Medication / Disability / Allergy Information

**Student's Iwi Affiliations:**

Iwi (1)  Iwi (2)

**Primary Caregiver: (Relationship to student)**

Surname:	First Name	Telephone	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (if different from above)		Town	Occupation
<input type="text"/>		<input type="text"/>	<input type="text"/>
Employer	Business Telephone	I understand that my child is expected to wear the correct school uniform while they attend Masterton Primary School <input type="checkbox"/> Yes / No	
<input type="text"/>	<input type="text"/>		

**Secondary Caregiver: (Relationship to student)**

Surname:	First Name	Telephone	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (if different from above)		Town	Occupation
<input type="text"/>		<input type="text"/>	<input type="text"/>
Employer	Business Telephone		
<input type="text"/>	<input type="text"/>		

**Other Adults Living in the Home:**

Relationship To Student	Name	Occupation	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship To Student	Name	Occupation	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship To Student	Name	Occupation	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship To Student	Name	Occupation	Cell Phone / Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Emergency Contacts:**

Name	Relationship to student	Telephone	Cell Phone / Mobile Phone
Name	Relationship to student	Telephone	Cell Phone / Mobile Phone
Name	Relationship to student	Telephone	Cell Phone / Mobile Phone

**Board of Trustees Elections: (required information)**

Name of Birth Mother (if not Primary Caregiver)	Address of Birth Mother
Name of Birth Father (if not Primary Caregiver)	Address of Birth Father

**Future Family Members Likely To Attend Masterton Primary School:**

Name	Age	Gender	Date of Birth
		M / F	/ /
Name	Age	Gender	Date of Birth
		M / F	/ /
Name	Age	Gender	Date of Birth
		M / F	/ /

**Family Members Who Are Currently Attending This School:**

Name	Name
Name	Name

**Extra Copy of School Report To:**

**Extra Copy of School Newsletter To:**

**Names of Legal Guardians:**

**Custody Arrangements / Access Restrictions:**

**Extra Student Notes / Information:**

**Interests or Special Abilities:**

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by all school policies.

\_\_\_\_\_  
Parent's Signature

/ /  
Date