

Office Use Only: Reading Eggs Login: _____ Password: _____ NSN: _____

Maths Buddy Login: _____ Password: _____



Masterton Primary School Enrolment Form

Last Name	First Name(s)	Gender
<input type="text"/>	<input type="text"/>	M / F
Address: (Proof of address given <input type="checkbox"/>)		Town
<input type="text"/>		Postcode
<input type="text"/>		<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	Attendance at Kindergarten / Pre-School		
<input type="text"/>	Did not attend Regularly <input type="checkbox"/>	Attended for 5 years ()	Attended for 4 years ()
Religion	Attended for 2 years ()	Attended for 1 year ()	Attended for 3 years ()
<input type="text"/>	Kindergarten / Pre-School Daily hours attended		Attended for 6 months ()
Computer at Home <input type="checkbox"/> Y/N	Internet at Home <input type="checkbox"/> Y/N	<input type="text"/> hours per week	

Medical Details:

Doctor's Name	Address / Phone	Medical Notes / Medication / Disability / Allergy Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
I agree to the school providing Pamol or Panadol for pain relief if necessary		Yes / No
<input type="text"/>		<input type="text"/>

Student's Iwi Affiliations:

Iwi (1)	Iwi (2)
<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	Yes / No	

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