Mission Heights Primary School Enrolment Form						
The enrolment form is to be completed by the parent or caregiver of the student applying for enrolment and must be returned to Mission Heights Primary School reception. <b>To meet Ministry requirements, the following documents are required to support your application</b> ;						
<ol> <li>Proof of residential address; an electricity account and a sales &amp; purchase or rental agreeme</li> <li>NZ Citizens: Student's birth certificate or passport</li> <li>Others: The students and parents passport with residency or work</li> <li>Immunisations certificate</li> <li>Any reports from previous schools</li> <li>Please note: Students must live in the school zone for a minimum of one so</li> </ol>	& student visa:	5				
Student Personal Details						
Family Name						
	Preferred Name					
Address						
Home Phone   Gende     Date of Birth   / County of Birth						
Birth Certificate No or Passp						
Ethnic Group(s) (e.g European,Maori,Chinese,Indian)						
Group 1		G	roup 2			
lwi						
Language spoken most often by student						
Language spoken by family when student was a baby						
If the student was born outside New Zealand, please complete the	following;					
Date of arrival in New Zealand//						
Immigration Status (please circle)						
NZ Citizen / Permanent Resident / Student/Work Visa						
If enrolling with a student & work visa : student visa no Work visa no						
If a NZ Resident: Resident permit no						
	Year level (enrolling in at MHP): Previous School in NZ:					
Does your child have a sibling attending MHP? Yes/No Name_						
Does your child have a sibling attending MHJC? Yes/No Name_			Whanau			
Prior-Participation in Early Childhood Education (for year 1 students only) Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?						
Please enter the number of <b>hours per week</b> for up to three services:	Service 1	Service 2	Service 3	Did not attend		
a. Kohanga Reo						
b. Playcentre						
c. Kindergarten or Education and Care Centre						
d. Homed based Service						
e. Playgroup						
f. The Correspondence School – Te Aho o Te Kura Pounamu						
Name of Kohanga Reo, Playcentre, Kindergarten etc that your child attended:						

Student Learning Information	on		
Does your child have any a	of the following	<b>;</b> ;	
Learning & Behaviour Need	ds		
Special Needs (background/	funding e.g ESOL,C	DRS). <b>Please provide n</b>	ame of organisation and person who looks after your child
Any further information you	J would like us <sup>-</sup>	to know about yo	our child's learning and or behaviour
Student Health Details			
Doctor			Phone
If your child has or has eve			
Condition	Med	lication Rqd	Comments
Asthma			
Bee or wasp stings			
Allergies			
Headaches/migraine			
Diabetes			
Other Autistic Spectrum			
Other medical conditions		Ú.	
-		-	ition to be held at school, could you please complete ble from the school reception). All medications will be
Vision Loss		Glasses	
Hearing Loss		Hearing Aid	
		-	
None of the above condition	ons applies to 1	my child	
Is your child immunised?	Yes / No		
-		-	the reception staff who hold a current first aid s unwell at school, are referred to the
I give permission for my chi	ild to be seen b	by the Hearing & $\$	Vision Team if required. Yes / No

Family Information						
Mother's Details						
Family Name						
First Name	Title Mr / Mrs / Ms / Dr	(please circle)				
Address						
Home Phone	hone Mobile Number					
Email Address	Work Phone					
anguage Spoken at home						
s the student living with the mother?	Yes / No					
Father's Details						
amily Name						
	Title Mr / Mrs / Ms / Dr	(please circle)				
	Mobile Number					
	Work Phone					
s the student living with the father? Yes						
, , , , , , , , , , , , , , , , , , ,						
Other Caregiver Details – (if applicable)						
amily Name						
irst Name	Title Mr / Mrs / Ms / Dr	(please circle)				
Address						
lome Phone	Mobile Number					
mail Address	Work Phone					
anguage Spoken at home						
s the student living with caregiver? Yes	5 / No					
Relationship to student (please indicate)	)					
tepfather / Stepmother / Mother's Part	ner / Father's Partner / other					
mergency Contact (Person wh	no does not live with the parents)					
amily Name						
	Title Mr / Mrs / Ms / Dr	(please circle)				
	Mobile Number					
	Wobie Romoci Work Phone					
elationship to student (please indicate)						
	Uncle / Friend / Other					
Comments/Sensitive Data						
Please give any specific information tha arrangements, legal access or court orc	It the school should be aware of in relation to a ters in place.	caregiver/custody/living				

Parent/Caregiver Declara	Parent/Caregiver Declarations					
As the parent/caregiver c	f a student at Mission Heights	Primary School, I				
	<ul> <li>certify that I live fulltime at the above address with(student's name) and that I am the parent, guardian or declared caregiver of this student;</li> </ul>					
will notify the scho	ol in a timely manner if my circ	cumstances change	e.g addr	ess, phone, mobile etc		
will ensure that my	child wears the correct unifor	m;				
will ensure that my	child will comply with all scho	ool rules;				
<ul> <li>permit arrangeme incurred in the pro</li> </ul>	nts to be made to treat my ch cess;	nild in an emergency	y, and agr	ree to meet any costs		
- ·	my child to participate in all L ear that my child attends the s		vities run b	y Mission Heights Primary		
• will sign my child ir	n/out at reception if they arrive	e late or leave early	for an app	pointment;		
will notify the scho	ol by 9.00am if my child is goir	ng to be absent;				
<ul> <li>have read the Cyl policy and agree</li> </ul>	persafety Acceptable Use Poli to abide by it;	cy and explained it	to my chil	d and we understand the		
	<ul> <li>am aware that parent logon and password to access my child's online reports and school work are availabe and that I am required to sign the Parent ICT User Agreement Form before I receive them;</li> </ul>					
Parent/Caregiver Signatu	re	D	ate			
TO BE COMPLETED BY MHP ADMINISTRATION						
Enrolment No:	Enrolment Date:	LZ:		Year Level:		
Teacher:	House:	Learning Advisor:				
Previous School records r	equested:	Stationery Paid:	Y N	Contribution Paid Y N		
Photocopy Evidence Rec	eived For:					
Birth Certificate	Passport	Evidence of Addres	SS	Immunisation Cert		
Work Permit	Student Visa	Residency Visa		Citizenship Cert		
Court order in place	Y / N	Copy of order on fi	le Y /	′ N		
Statutory Delaration:	Statutory Delaration: Approved by:		Date:			
Enrolment Information rechecked prior to student commencing at MHP Yes						
	checked phor to student Cor					
			Date:			

Signature: