







## OFFICE USE ONLY — DO NOT COMPLETE

Start Date Enrolment Number

Year Room



## **ENROLMENT FORM 2018**

PLEASE ENSURE YOU HAVE RETURNED THIS FORM BY 8 SEPTEMBER 2017

















## Enrolment Form for Regular Students

Last Name	First Name(s)	Preferred Name	Gender Date of Birth
.dst Ndille	First Name(s)	Preferred Name	Gender Date of Birth
Enrolment Information:			
Country of Origin	Date Entered NZ Previo	ous School	
Ethnicity and Language:			
Father's Ethnicity	Mother's Ethnicity	First Lar	nguage
Medical Details:			
Doctor's Name	Address/Phone		
Medical Notes/Medication/Di	sability Information		
Do you give permission for pa	aracetamol to be administered if your child l	becomes injured or has a headac	he, without phoning you first
YES NO  If yes, please specify number	of (500mg) tablets		
Copy of Birth Certificate a	ttached YES NO (Th	lese can be copied at the office when	dropping the enrolment off).

Student lives with:  Both parents  Mu	ım Dad	Shared care	Other:	
Primary Caregiver: (Account	s will be sent to the prin	nary caregiver)		
-	·	,	D ( 14)	- I I
Relationship to Student Nan	ne		Preferred Name	Telephone
Address		Curleurule	Cit.	Destroyde Dhana Canfidantial
Address		Suburb	City	Postcode Phone Confidential
Occupation	Employer		Business Telephone	Cell Phone
Occupation	Employer		busiliess leiepilolie	Cell Filotie
Email				
Email				
I wish to receive school tex				
Most of DNI's communicat	ion is via email, howeve	r I do not have acces	s to email and would like to rece	eive a hardcopy newsletter.
Secondary Caregiver:				
Relationship to Student Nan	ne		Preferred Name	Telephone
Address		Suburb	City	Postcode Phone Confidential
Occupation	Employer		Business Telephone	Cell Phone
Email				
I wish to receive school tex	rt messages regarding al	nsences and notices		
			s to email and would like to rece	aive a hardcony newsletter
Wiost of Divi's Confindincat	ion is via eman, noweve	i i do not nave acces	s to email and would like to rece	eive a narucopy newsietter.
Emergency Contact:				
Name	5 1 2 12			
Name	Relationship	Address	City	Postcode Telephone

	Last Year Attended	Gender	Room	House
		)(		
stody Arrangements/Access Restriction	s/Name of Legal Guardians (Please attach a copy	of the legal no	tes or arrangeme	ents document
tra Student Notes/Information:				
udante lwi Affiliations – Plaasa list un t	a 2 lwi Affiliations congrated by a comma-			
	o 3 Iwi Affiliations separated by a comma:			
	o 3 Iwi Affiliations separated by a comma:			
	o 3 Iwi Affiliations separated by a comma:			
	o 3 Iwi Affiliations separated by a comma:			
i	aph or school work to be used to share lea	nrning experi	iences within	our school
I consent for my child's photogra community (e.g., newsletters, so	aph or school work to be used to share lead ocial media, publicity material). And that the information on this form is co	llected to fo	rm part of th	e essential
I consent for my child's photogra- community (e.g., newsletters, so that terms of the Privacy Act, I understant of the school holds on my control in the school. I approve the forwarding of it	aph or school work to be used to share lea ocial media, publicity material).	llected to fo ion may be v	rm part of th viewed on rec I further app	e essential quest at the
I consent for my child's photogra community (e.g., newsletters, so terms of the Privacy Act, I understa offormation the school holds on my c chool. I approve the forwarding of it orwarding of my child's name and a	aph or school work to be used to share lead ocial media, publicity material). and that the information on this form is contributed whild. The records made from this information when my child transfers to and	llected to fo ion may be v other school. ate or secon	rm part of th viewed on rec I further app dary school.	e essential quest at the prove the
I consent for my child's photogra- community (e.g., newsletters, so terms of the Privacy Act, I understa- formation the school holds on my co- chool. I approve the forwarding of in- proverding of my child's name and a cunderstand that the school will take thool policies. Forking in an online environment is appropriate internet access, my chi	aph or school work to be used to share lead ocial media, publicity material). and that the information on this form is co shild. The records made from this informat onformation when my child transfers to an oddress on request to a potential intermed	ellected to for ion may be worther school. iate or secon ness or injury	rm part of th viewed on rec I further app dary school. v, and I agree provides a cle	e essential quest at the prove the to abide by ar guideline
I consent for my child's photogra- community (e.g., newsletters, so terms of the Privacy Act, I understa- formation the school holds on my ca- chool. I approve the forwarding of in- privarding of my child's name and a cunderstand that the school will take thool policies.	aph or school work to be used to share lead cial media, publicity material).  And that the information on this form is constituted in the seconds made from this information on the seconds made from the seconds made from the seconds of the second intermedial integral part of student learning. While	ellected to for ion may be worther school. iate or secon ness or injury	rm part of th viewed on rec I further app dary school. v, and I agree provides a cle	e essential quest at the prove the to abide by ar guideline

Parent's Signature