Cockle Bay School Enrolment

OFFICE USE ONLY

Start Date:

STUDENT DETAILS First Name(s) Full Last Name Preferred Name Legal STRIVE ON Name Current Pre-School/School (if school, current year level): Male ☐ Out of Zone Date of Birth: Female ☐ In Zone Do both parents have legal access to child?

Yes

No (If no, legal documentation is required to support any access/custody arrangements) SIBLINGS (Siblings currently attending Cockle Bay School) Room: Name: Name: Room: **ETHNIC BACKGROUND** □ NZ European □ NZ Māori (Please state Iwi): □ Other: Language(s) spoken: Country of Birth: Date of Entry to NZ: Country of Citizenship (If not NZ): □ NZ Citizen ☐ Permanent Resident ☐ Student Visa Visa Expiry Date: PARENT/CAREGIVER'S DETAILS Parent 1/Caregiver's Name: Parent 2/Caregiver's Name: Address (If different to Student): Address (If different to Student): Postcode: Relationship to Student: Relationship to Student: Email: Email: Work Place: PARENT/CAREGIVER'S ETHNIC BACKGROUND Parent 1:

NZ European Parent 2:

NZ European □ NZ Māori (Please state Iwi): □ NZ Māori (Please state Iwi): □ Other: □ Other: Language(s) spoken: Language(s) spoken: Country of Birth: Country of Birth: Date of Entry to NZ: Date of Entry to NZ: □ NZ Citizen □ NZ Citizen Country of Citizenship (If not NZ): Country of Citizenship (If not NZ): ☐ Permanent Resident ☐ Permanent Resident ☐ Student/Work Visa ☐ Student/Work Visa Visa Expiry Date: Visa Expiry Date:

Year Level:

Room:

EMERGENCY CO		12.			
Name:		Phone:			
Mobile:			Relationship to Child:		
Name:			Phone:		
Mobile:		Relationship	Relationship to Child:		
MEDICAL / LEAR	NING SUPPORT				
-	our child is affected by any of the fol	llowing:			
□ ADHD	☐ Allergy to Bee Stings	☐ Asthma	☐ Inhaler Required	□ Epileps	sy
□ Diabetes	□ Eczema	☐ Fits/Turns	☐ Food Allergies		
□ Other (Please prov	vide details):				
Current Medicatio	n:				
Is your child fully i	mmunised? Yes No				
	y, I give permission for Cockle Bay S ency if they have been unable to not			private vehicle	to the nearest
Doctor Name:			Phone:		
Has your child rece	eived any of the following (Please tick of	all that are appropriate):			
□ ORS - Ongoing	Resource Scheme	□ ELL - English l	Language Learning		
□ SLT - Speech La	anguage Therapy	☐ ICS - In Class S	□ ICS - In Class Support		
☐ Other (Please stat	e):				
Please complete the table	OD EDUCATION PARTICIPATION below for the last service(s) attended:				
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