

STRATHMORE COMMUNITY SCHOOL ENROLMENT FORM

Family name		Year level	Room No.	Enrolment	Enrolment no.
First names		Preferred name		Date of birth	
Address		Phone number(s)		Gender MALE FEMALE	
				Birth certificate sighted YES NO	
Ethnic group child relates to	Refugee YES NO		Country of birth	Date of arrival in NZ	
Home language	Sponsor Religion		Passport sighted YES NO	Permanent resident YES NO	
Last school attended		Early childhood education			
Town		Licensed Kindergarten			
Current year level		Licensed Kohanga Reo			
		Licensed Education and Care centre			
		Pasefika ECC			
		Playgroup			
		Did not attend early childhood education			
Parent/Caregiver Family Name	First name	Relationship to child		English speaker YES NO	
Country of birth	Iwi/Hapu	Street Address			
		Email Address			
Home phone	Work phone	Occupation		Work place Hours worked	
Parent/Caregiver Family Name	First name	Relationship to child		English speaker YES NO	
Country of birth	Iwi/Hapu	Street Address			
		Email Address			
Home phone	Work phone	Occupation		Work place Hours worked	

Other children at this school	Names of pre-school children living with you
NameAge.....Room.....	NameD.O.B
NameAge.....Room.....	NameD.O.B
NameAge.....Room.....	NameD.O.B

<p>Literacy Home Language: Other languages: First language: English speakers at home What books are available in the home for the child? (What languages?): Does the child have internet access in their first language?..... How often do you visit the library? City library card? Y / N Read to regularly by parents? Siblings?</p>
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<p>What are the child's interests outside of school? (e.g. sport, cultural activities, dance, reading, church, music electronic games, in own language)</p> <p>Are parents aware of the laws/rules regarding attendance? Y / N Truancy? Y / N Sickness reporting? Y / N School times/lateness? Y / N Given copies of MoE 'Families Learning Together'/Team Up? Y / N</p>
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Allergies	Sight		
Serious problems	Speech		
Medication	Hearing		
Family doctor	Immunis. cert. sighted YES NO REQUESTED	PERMISSION	
Phone		Bible YES	Computer YES NO

CAREGIVER		EMERGENCY CONTACT	
Name		Name	
Address		Address	
Home phone	Work phone/place	Home phone	Work phone/place