



ENROLMENT APPLICATION

ENROLMENT NO:	NSN No:	RM No:	ESOL yes/no
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Please complete the following where applicable. A separate enrolment application is required for each individual child in your family.

Child Information Sheet – All information needs to be completed

Family Name			
Christian/given names			
Preferred Name			
Address Including postcode			
Home Phone No		Mobile Phone	
Email Address			
Gender	Male	Female	
Date of Birth		Place of Birth	
Birth certificate or Passport attached			
Immunisation Cert attached			
Place in family 1 st child, 2 nd child etc			
Religion			
Living with both parents			
Does child identify as Maori	If yes, state Iwi		
Does child identify as other culture?			
Any other siblings to attend this school?	Child 2:	Child 3	Child 4
	Name		
	DOB		
Language/s spoken at Home			
Other languages spoken			
School or Preschool attended	Name of pre / school:		
	Dates attended from		to

Family Information – All information needs to be completed

	Mother resides with child?	Father resides with child?
Title: (Mr / Mrs / Ms)		
Surname		
Christian Name		
Home address Including post code		
Home Phone No		
Mobile phone No		
Email address		
Religion: Parish:		
Work place/Employer		
Work Phone No		
Occupation / Company		
Birth Country Residency/Citizenship/Visa		
Identify as Maori?	State Iwi	State Iwi
Identify as other culture?		
Main language spoken at home		
Other languages spoken at home		
Are there any custody arrangements / court orders?		
Extra reports / newsletters to:		

Interests and Abilities

Does your child show extra potential, abilities or strengths in any specific areas?

Sport	Vocal	Speech / drama	Art
Instrumental	Languages	Other	

Learning Support Information

		Details
Does your child experience any difficulties that you are aware of? Learning, behaviour, emotional, psychological, other		
Has your child received Learning Support at his/her previous school / preschool?		
Does your child have any chronic illness or specific condition that may affect his / her learning?		
Has your child experienced any emotional difficulties or had any traumatic difficulties that may have affected his/her learning? (Death in family, parental separation)		

Emergency Contacts

In case of accident or emergency, if the school is unable to contact either parent, who would you like the school to contact?

First Preference	Second Preference
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Preference Doctor	Preference Dentist
Name:	Name:
Phone:	Phone:

Immunisation

Has your child been fully immunised for his / her age?

Immunisation certificate provided?

Medical History

Please advise any health issues the school needs to know about your child so we can always be attentive to your child's needs.

Has your child been diagnosed with any learning / behaviour diffability?

Autistic Spectrum Disorder (Aspergers Syndrome)	
ADHD	
Dyslexia	
Any Other	

Does your child have any impairment in any of the following areas?

Mobility Impairment	
Vision Impairment	
Speech / Language Impairment	
Hearing Impairment	
Intellectual Impairment	
Allergies	

If yes to any of the above, please supply further details: attach if necessary

Has your child been assessed by any of the following Special Services?

Childs Name:		Name of Practitioner	Date of 1st visit	Is your child still attending?
GSE				
RTLB				
Speech Pathology				
Occupational therapist				
Physiotherapist				
Psychiatrist				
Audio Clinic				
Other				

List any medication which your child takes regularly and the dosage:

Please list any diseases, surgery or disorders or recurring illness.

Information Collection Notice

Information we collect: - our school collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student's enrolment at our school.

Disclosure of information: This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within the Diocese of Auckland, medical practitioners and people providing services to schools, such as specialists, visiting teachers and consultants.

Activity Fee Payment: I agree to pay all charges for trips and events outside of school.

Signed: _____ Date: _____

Mother

Father

Please return to the school office or email to admin@olsh.school.nz