

DYER STREET SCHOOL ENROLMENT FORM

Child's Information

Child's Last name: _____
 First Name/s: _____
 Address: _____

 Post Code: _____
 Phone No. _____ **Boy / Girl**
 Date of Birth: _____

Place In Family, e.g. 1st of 3 of

Country of Birth: _____
(Please note you must provide a birth certificate or passport)

Ethnic Description: _____ Iwi: _____

Home Language: _____
(If not English or you or your child speaks another language please turn over also)

Special Learning Needs/Professionals? _____
e.g. R/R, Early intervention, SES, Speech Therapy etc.

Religious/cultural considerations: _____

Pre-School Attended: _____ Time There: _____

Last School Attended: _____ Time There: _____

Last Teacher: _____ Level/Year: _____

Doctor/Clinic: _____

Please circle any problems or concerns with:

- Vision • Hearing • Medication
- Allergies • Speech • Other

Office Use Only	
Admission No.	
Birth Cert	
Immunised Cert	
Age: 1.1	
Current Age	
Ex DSS?	Yes / No
Principal	Yes / No
Date In	
Year Level	
Room	
NSN	
Enrol	
ESOL Info behind - highlight	

Date into NZ:

___/___/___
 Please turn over

Do you have an early education portfolio of your child's progress at pre-school, we could see? Yes / No

CAREGIVER/PARENT INFORMATION

Caregiver 1
 Title: _____ First Name: _____ Last Name: _____
 Relationship to child: _____ Home & Cell Phone: _____
 Occupation/Where Employed: _____ Work Phone: _____
 Email: _____

Caregiver 2
 Title: _____ First Name: _____ Last Name: _____
 Relationship to child: _____ Home & Cell Phone: _____
 Occupation/Where Employed: _____ Work Phone: _____
 Email: _____

Address (if different to child) _____
 Name of any other parent not living with child/ren: _____
 Access? Yes / No - *(if no you must supply legal documentation)*

OTHER

Names of everyone who lives at home and their relationship to child:

Names of other relatives at Dyer Street School: _____

Emergency contact 1: _____ Cell / Phone No. _____

Emergency contact 2: _____ Cell / Phone No. _____

SIBLINGS

Names of pre-schoolers who may attend Dyer Street School in the future:
 Name: _____ DOB: _____
 Name: _____ DOB: _____

Fill in this page if you or your child speaks any other language apart from English

Date: _____ Non English Speaking Background: (Please circle) • ESOL • Immersion • Kura

Ethnicity	Ethnic Group/Child relates to: _____
	Status: New Zealand Residency : Yes / No • Migrant • Refugee • New Zealand born (If no, Passport/Immigration sighted?) Yes / No Details: _____

Sponsor	Name of contacts / Sponsor: _____ Phone No. _____
	Address: _____ _____

Background	Child's Birth Country: _____ Date Of Arrival in NZ: _____
	Other Countries Lived In: _____
	Time in New Zealand Schools • Where: _____ • When: _____ • Level: _____
	Time in Overseas Schools • Where: _____ • When: _____ • Level: _____
	Last School Attended: _____ • ESOL Funding? Yes / No
Other Responsibilities Outside of School: _____	

Born In	• Mother's Country of Birth: _____
	• Father's Country of Birth: _____

Languages	Languages Child Can Speak: _____				
	Home's Main Language/s: _____				
	<u>Child:</u>	<i>Writes</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
		<i>Speaks</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
		<i>Read</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
	<u>Caregiver 1:</u>	<i>Writes</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
		<i>Speaks</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
		<i>Read</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
	<u>Caregiver 2:</u>	<i>Writes</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
		<i>Speaks</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No
	<i>Read</i>	Fluently: Yes / No	A little: Yes / No	Not at all: Yes / No	
Closest contact who can speak English: _____ Phone No. _____					
Closest contact who can read English: _____ Phone No. _____					
Names of other children at Dyer Street School who can communicate in this child's first language:					
• Name of child: _____ Room: _____					
• Name of child: _____ Room: _____					

The school will keep records according to the Principles of the Privacy Act 1995

Please pass a copy of this form onto person responsible for: ESOL Reading Recovery Class teacher