

ENROLMENT APPLICATION



Learning and Growing in God

25 Snelson Street
Palmerston North, 4410
New Zealand

office@pnacs.school.nz

P: (06) 357 6256



STUDENT DETAILS

Legal First Name(s) _____

Legal Surname _____

Preferred First Name _____ Preferred Surname _____

Date of Birth ____/____/____ ☐ Male ☐ Female

Address _____

Telephone _____

Place in Family _____ Number of Children in Family _____

Ethnicity 1 _____ Ethnicity 2 _____ Ethnicity 3 _____

Iwi Affiliation 1 _____ Iwi Affiliation 2 _____

Iwi Affiliation 3 _____ Language Spoken at Home _____

New Zealand Residency ☐ Yes ☐ No If no, please contact the school office for an international student pack

Previous School _____ Address _____

Name of Doctor _____ Contact Phone _____

Other Professionals _____ Contact Phone _____

Dental Clinic _____

Is your child immunised? ☐ Yes ☐ No Please supply a copy of their immunisation certificate

Did your child regularly attend* an Early Childhood Education centre? ☐ Yes ☐ No For the past ____ year(s)

**Regularly attend' means your child was booked into a service of sessions each week/fortnight and generally went to those sessions unless sick, on holiday or had a family occasion etc.*

Please indicate the number of hours per week for up to three services	Service 1 hrs/week	Service 2 hrs/week	Service 3 hrs/week
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten/Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School			

OR

g. Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish	

Please tick ✓ where applicable

PARENTS'/CAREGIVERS' DETAILS

Name _____	Name _____
Address _____ _____	Address _____ _____
Postal Address _____	Postal Address _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Mobile _____	Mobile _____
Email _____	Email _____
Relationship to Child _____	Relationship to Child _____
Religion _____	Religion _____
Church Attending _____	Church Attending _____

Mother (if different to above)

Name _____

Address _____

Father (if different to above)

Name _____

Address _____

EMERGENCY CONTACTS

Must be local and not the immediate caregiver

Name _____	Relationship to Child _____
Telephone _____	
Name _____	Relationship to Child _____
Telephone _____	

CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS

Attach a separate sheet if more space is required

_____ Court order issued ☐ Yes ☐ No ☐ Not applicable

HEALTH

Attach a separate sheet if more space is required

Significant health problems _____

Regular medications _____

OTHER DETAILS

Hobbies/Interests/Clubs etc. _____

Learning and behaviour needs _____

Other information offered _____

Names of other family members likely to be attending this school in the future

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

PARENT/CAREGIVER DECLARATION

In terms of the Privacy Act, I understand the information on this application is to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school.

- I approve the forwarding of information when my child transfers to another school.
- I further approve the forwarding of my child's name and address on request to a potential intermediate school.
- I also give permission for photographs/videos of my child to be used for school purposes.
- I understand that the school will take action on my behalf in case of sudden illness or injury.
- I understand that there will be times when the school programme involves travel from the school, and I give permission for my child to be included as is necessary.
- I agree to abide by school policies and procedures.
- I will inform the School of any change of details/contact details regarding my child.

Parent/Caregiver name _____ Signature _____ Date _____

GENERAL

How did you hear about PNACS? _____

CHECKLIST

The following must accompany all enrolment applications:

- ☐ A copy of your child's birth certificate/passport Immunisation
- ☐ documents detailing your child's immunisations
- ☐ A copy of child's latest school report