

Torbay School

Application for Enrolment

Pupil Information			
FAMILY NAME		FIRST NAME/S	
PREFERRED NAME		LIVING WITH	
DATE OF BIRTH		GENDER	MALE FEMALE
COUNTRY OF BIRTH		DATE OF ENTRY TO NZ (if born overseas):	
ETHNIC GROUP	FIRST LANGUAGE	IWI (if applicable)	
PHONE NUMBER		EMAIL	
PREVIOUS PRESCHOOL ATTENDED		DATE COMMENCED PRESCHOOL:	
PREVIOUS SCHOOL ATTENDED (if applicable)		CURRENT SCHOOL LEVEL (if applicable)	
STARTING DATE AT TORBAY			
SIBLINGS ALREADY AT TORBAY SCHOOL		SIBLINGS YET TO START AT TORBAY SCHOOL	
1.	D.O.B	1.	D.O.B
2.	D.O.B	2.	D.O.B
SPORTING, CULTURAL, MUSICAL INTERESTS			

Medical Information

FAMILY DOCTOR		PHONE NO.	
KNOWN ALLERGIES:		MEDICATION	
HEALTH NEEDS:		SIGHT	SPEECH HEARING
ASTHMA YES /NO			
ESOL NEEDS		SPECIFIC LEARNING NEEDS	
ANY OTHER INFORMATION THAT WILL ASSIST TORBAY SCHOOL TO ENSURE A SAFE ENVIRONMENT FOR YOUR CHILD:			

I declare the above information to be accurate.

Signed (Mother/Father/Caregiver)

Date

If a caregiver other than a parent, please state your relationship to the child being enrolled.
(Please provide an authority from the parent for this enrolment)

Parent Information

MOTHER'S NAME	OCCUPATION
ADDRESS	
HOME PHONE NO	MOBILE NO
PLACE OF EMPLOYMENT	WORK NO
EMAIL ADDRESS	
FATHER'S NAME	OCCUPATION
ADDRESS	
HOME PHONE NO	MOBILE NO
PLACE OF EMPLOYMENT	WORK NO
EMAIL ADDRESS	
CUSTODY / ACCESS ARRANGEMENTS	

Emergency Contacts (other than parents)

NAME (1)	NAME (2)
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
ADDRESS	ADDRESS
HOME PHONE NO	HOME PHONE NO
MOBILE NO	MOBILE NO
WORK NO	WORK NO

PERMISSIONS:

- I give authority to the Principal to act on my behalf in any medical emergency.
- I give permission for my child to be included in photos and/or videos for our school website or other promotional activities.
- I give permission for my child to attend all approved educational visits and trips. I agree to abide by all Board of Trustees Policies.
- Information given on this form is true and correct. I understand that the information provided may be used for school based activities and be passed to other agencies who work with the school for educational/health purposes. I understand my child's records will be passed to subsequent schools.

RELIGIOUS EDUCATION: I agree / do not agree to my child taking part in the Religious Instruction programme.

Signed: (Mother/Father/Caregiver) **Date:**

The following original documents are required before this application can be processed, and must accompany this application: **NZ Birth Certificate** (if born in New Zealand), **Passport** (if born overseas), **Work/Student Visa/Permit** for Parent/Student (if applicable), **Copy of recent school reports** (with verified English translation if required), **Immunisation Certificate** or immunisation records.