



Woodlands School
Enrolment Form

Admission Date: _____

Enrolment No: _____

Child's Surname: _____

Preferred Surname: _____

Child's First Names: _____

Child's Preferred Name: _____

Date of Birth: _____

Gender: Male / Female

Birth Certificate Sighted: Yes / No
(New Entrants only)

Home Phone No: _____

Mobile No: _____

Email address: _____

Home Address: _____

Citizenship: _____ Ethnicity (up to three): _____

Iwi Affiliation: 1) _____

2) _____

3) _____

Student's Previous School: _____

Contact Information:

Parent / Caregiver 1

Title: _____ First Name & Surname: _____

Relationship: _____ First Emergency Contact: YES / NO

Occupation: _____ Name of Company: _____

Work Address: _____ Work Phone: _____

Parent / Caregiver 2

Title: _____ First Name & Surname: _____

Relationship: _____ Emergency Contact (eg 1st, 2nd) _____

Occupation: _____ Name of Company: _____

Work Address: _____ Work Phone: _____

Will your child attend Religious Instruction? YES / NO

Other Emergency Contacts:

Name: _____

Address: _____

_____ Phone No: _____

Student Medical Information:

Medical Conditions: _____

Medication Permission (eg panadol): YES / NO

New entrants will need to produce an immunisation certificate

Emergency Procedures:

(eg medication in bag / phone home) _____

Doctor: _____ Medical Practice: _____

Address: _____ Phone No: _____

Does your child have any health problems that should concern the school?
(e.g. allergic reactions (bee stings, asthma)

Severe / Moderate / Mild

Any other additional Information (eg. Hearing, Vision, Speech): _____

Family Dentist's Name: _____

Names and D.O.B. of any Pre-schoolers in family

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Identify those areas in which you consider your child to have UNUSUALLY HIGH ABILITY when compared with others within his/her age group:

Reading	_____	Computer skills	_____
Writing	_____	Oral language	_____
Mathematics	_____	Drawing	_____
Dance and/or Drama	_____	Cultural knowledge	_____
Social skills/Leadership	_____	Science	_____

Other (please describe)

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.....

What special interests does your child have? Please let us know if he/she has participated in activities and/or competitions in his/her area/s of special interest:

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.....

Tick any specialist service/s with which your child has been involved:

Resource Teacher of Reading	_____	Children & Young Persons	_____	Hospital	_____
Educational Psychologist	_____	Speech/Language Therapist	_____	SPELD	_____
Numberworks	_____	Counsellor	_____	RTL B	_____

Other:

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.....

Please describe any educational concerns you have about your child

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Other concerns: Please provide as much information as you can about special difficulties your child has (including health, physical, emotional and/or behavioural concerns) or family circumstances you think we should know about. The more information we have the more likely we are to provide appropriate support.

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Parent Help:

Please tick any of the following areas in which you would be able to help on a regular or occasional basis.

- Classroom Help
- Library Help
- PTA(eg fundraising)
- BOT
- Helping with School Lunches – (Friday)

Permission

I give permission for (student's name) _____ work / picture to appear on the Woodlands School Website / the school newsletter or the Opotiki News.

Signed: _____ Date: _____

New Entrants only:

Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

- 1.If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- 2.If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- 3.If the child’s attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don’t know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: “Regularly attend” means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

