



# Hampton Hill School

'Grow People to Thrive'

## Information about parents/caregivers

Child lives with  
Custody /Access Information  
(if any)


### Mother

Surname  
First Name  
Ethnicity  
Occupation  
Employment  
Phone number

Home:	Mobile:

### Father

Surname  
First Name  
Ethnicity  
Occupation  
Employment  
Phone number

Home:	Mobile:

### Email address for newsletters

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**Names and dates of birth  
of any future siblings likely  
to attend Hampton Hill School**

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**Other family information that  
we may need**

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## ENROLMENT FORM

Child's Full (Legal) Name

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### Parent / Caregiver to complete

I have completed all relevant parts of this form

I have given a copy of my child's immunisation record to the office

I have given a copy of my child's NZ birth certificate to the office

If your child does not have a NZ birth certificate please supply evidence of NZ  
Citizenship or Immigration Service document or passport showing residency or  
student visa

I will inform the school of any changes to the information I have given on this  
form.

I have provided evidence of address

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Office to complete:

Enrolment Date  
Admission Number  
DOB Verification  
Immunisation Record  
Nat Student Number


Teacher  
Year Level  
Room  
Start Date


**Information about your child**

Legal First Names of Child	
Surname	
Preferred First Name	
Date of Birth	
Place in Family	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity (indicate main cultural affiliation)	
Iwi affiliation (up to 3)	
Language spoken at home	
Country of Birth	
Country of Citizenship	
Date of Entry into NZ	
Home Phone Number	
Home address (Evidence to be supplied)	
Previous School	
Name of Pre-schools/Kindy	
No of years at Pre-school	
	Hours per week:

**Emergency Contact details (not parent/caregiver)**

Emergency Name #1	
Phone & Relationship (e.g. Nana)	
Address	
Emergency Name #2	
Phone & Relationship (e.g. Aunt)	
Address	
Emergency Name #3	
Phone & Relationship (e.g. Uncle)	
Address	
Doctor/Medical Centre	
Phone:	

**Information about your child's health**

Allergies e.g. bee stings	
Medication	
Medical conditions/degree <i>e.g. (Asthma/Mild)</i>	
Sight	
Hearing	
Speech	
Other	

**Comments on previous school history; learning; behaviour / special requests**


**Permissions at Hampton Hill School**

**Yes/No**

My child can have Fonterra milk in school	
I give consent for the school to use my child's photograph in school publications	
I give consent for my child to participate in all school class Wikis/Blogs	
I have explained the cyber safety form to my child and signed it	
I give permission for my child to join in class trips that arise as part of the school programme, including trips with vehicles. Individual permission will be sought for overnight trips and excursions.	
I have read the Christian Religious Education pamphlet and would like my child to take part in this programme	