



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

--

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

--

**Other family information that
we may need**

--

ENROLMENT FORM

Child's Full (Legal) Name

--

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 proof of address (utility bill/rental agreement/rates bill)

Signed: _____

Date: _____

Office to complete:

Enrolment Date
Admission Number
DOB Verification
Immunisation Record
Nat Student Number

Teacher
Year Level
Room
Start Date
DOB

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 (Utility bill 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)	Ph:
Address	
Emergency Name #2	
Phone & Relationship (e.g. Aunt)	Ph:
Address	
Emergency Name #3	
Phone & Relationship (e.g. Uncle)	Ph:
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 school apps (e.g. Seesaw)	
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.	