



## EARLY EDUCATION AND MEDICAL

Was Early Childhood Education attended?

Yes, for \_\_\_\_\_ years

Yes but not regularly

No, did not attend ECE

Which of the following was attended in the six months prior to entering school? How many hours per week? \_\_\_\_\_

Please tick

Kohunga reo	Playcentre	Kindergarten	Ed centre	Home based	Playgroup	Correspondence
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Has your child had a B4 school check?

Yes / No

Are there health or behavioural matters we should be aware of?

Yes / No

Please provide details below

Vision:	Hearing:	Allergies:	Medication:	Speech:	Learning or behaviour:	Other:

Other information that may be relevant (relating to the above):

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### SOMETHING TO SIGN

I consent to my child's vision and hearing being tested

Yes / No

**Privacy Statement:** *The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.*

**Parent Approvals:** *I agree that the school will take action on my behalf in case of sudden injury or illness, to abide by the school's policies, that my child's work and image may be used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to potential secondary schools.*

Parent/Caregiver Signature: \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_

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

### WE NEED TO SEE

Immunisation Certificate

Birth certificate   
Number:

or Passport   
Number:

**OFFICE ADMINISTRATOR TO COMPLETE**

Records/information requested:		Records/information received:	
Year level:	Class:	Bus route:	
School admission number:		Data entered:	
NSN number:			

Flagged by enrol:	Additional information:	Date of entry: <i>School stamp</i>
Academic:		
Attendance:		
Behavioural:		
Custodial:		
Health:		
Personal:		