

Office use only
Date enrolled: ____/____/____
NSN: _____
BoT Auth: _____
Completed by: _____
Birth Certificate / Passport sighted: <input type="checkbox"/>

Enrolment Form
Child Details (One form per child)

Name of pupil _____ <small>Family Name</small> <small>First name(s)</small>	
Preferred name _____	
Sibling/s at this School/Kindy: Name/s and age _____	
Home contact _____ Home Phone _____	
Home address _____	
I agree / do not agree for my address and phone number to be shared with the school community	
Citizen of: NZ/ _____ Language: English/ _____	
Previous School: _____	
Early Childhood Education: _____	
Gender: M / F Date of Birth: ____/____/____	
If of school age then complete dates below:	
Date first started School: ____/____/____ Date first attended this School: ____/____/____	
Caregiver 1 Details: Mother/ _____	
Name Mrs/Ms/Miss/Mr _____ <small>Family Name</small> <small>First Name(s)</small>	
Address: _____ Home Phone: _____	
Work Phone: _____	
Email: _____ Mobile _____	
Occupation _____	
Other details _____	
Caregiver 2 Details: Father/ _____	
Name Mrs/Ms/Miss/Mr _____ <small>Family Name</small> <small>First Name(s)</small>	
Address: _____ Home Phone: _____	
Work Phone: _____	
Email: _____ Mobile _____	
Occupation _____	
Other details _____	

Caregiver 3 details; Emergency ContactName: Mr/Mrs/Ms/Miss _____
Family name First name

Home phone _____ Work phone _____ Mobile _____

Relationship to student: _____ e.g. grandparent/neighbour/friend

Caregiver 4 details; Emergency ContactName: Mr/Mrs/Ms/Miss _____
Family name First name

Home phone _____ Work phone _____ Mobile _____

Relationship to student: _____ e.g. grandparent/neighbour/friend

Medical details: (List any medical problems and information the school should be aware of)_____

Doctor: _____ Clinic: _____ Phone No: _____

I/we agree/do not agree to my/our child being treated with homeopathic first aid.

Vaccination complete: Yes/No If no, list those completed: _____

Certificate sighted (to be completed by office): Yes/No

Ethnicity: (Cultural identification with a particular ethnic group. Dual ethnicity may be selected): New Zealand European/ New Zealand Māori/ _____

Any other information the school should be aware of: _____

I am happy to receive the weekly Dunedin Rudolf Steiner School Trust Otago newsletter by email and my email address is: _____@_____

Confidentiality:

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, and to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Commitment to Special Character:

In enrolling my child in a Rudolf Steiner School, I/we express our commitment to upholding the special character of this school in accordance with Rudolf Steiner education.

Parental Agreement:

I agree to:

- Make a financial commitment to the School as agreed with the Proprietors.
- Participate in working bees (usually one a term) and the school fair.
- The School using my child's photograph for promotions.
- My child's birthday being listed on a calendar for the school community.

Parent /Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed: _____ Date: ____/____/____