



## Adventure School

Dear Parents / Caregivers

Thank you for your enquiry about enrolling your child at our school. Attached is the Enrolment Application Form. Please note, that **all enrolment documentation is required before we can process your application** – we are happy to photocopy documents for you.

To enroll your child, please provide:

- Enrolment Application Form**
  - Proof of residential address** is required for enrolment of oldest child only. We require a copy of **two** of the following:
    - Current Porirua City Council rates account
    - Recent utility account (e.g. power, gas, Sky)
    - Current tenancy agreement
    - Property purchase agreement
  - Birth Certificate** (preferred) or Passport
- or
- NZ Residency Permit or Student Visa/Permit** plus birth certificate, together with parent's passport with valid work permit
  - Immunisation Certificate.** All primary schools are required to keep a register recording the immunisation status of all enrolled children
  - Medical form** (if necessary)

Before and after school care facilities are provided in our school hall by After School Fun Club. For enquiries please contact their office on phone 234 6440 or email [office@asfc.co.nz](mailto:office@asfc.co.nz).

If you have any questions please feel free to give us a call. We look forward to receiving your enrolment application with the supporting documents listed above.

W. John Wootton  
Principal



Adventure School

Longitude Place, Whitby, PORIRUA 5024

Phone: (04) 234 7220

Cellphone: 027 329 7799

Email: [office@adventure.school.nz](mailto:office@adventure.school.nz)

Web: [www.adventure.school.nz](http://www.adventure.school.nz)

## ENROLMENT APPLICATION FORM

### STUDENT DETAILS

Legal Surname:		Legal First Names:	
Preferred Surname:		Preferred First Name:	
Date of birth: / /	Male / Female	Year level:	Start Date: / /
Previous school / Pre-school:			
Place in family:		Eldest sibling at this school:	
Family members likely to attend in the future (including DOB):			

### STUDENTS ETHNIC BACKGROUND

Country of birth:	Citizen / Resident / Student Visa / other:
Verification document: Birth certificate / NZ passport / Resident or Study Visa / other:	
Ethnicities:	Visa / Residency expiry date: / /
Date of entry into NZ: / /	Language spoken at home (if not English):
Iwi/Hapu:	

### EARLY CHILDHOOD EDUCATION (complete for 5 year olds only)

Did your child regularly attend early childhood education?

Yes, for the last \_\_\_\_\_ years  
 Not regularly, only occasionally or with no on-going schedule  
 No, did not attend

For the 6 months prior to starting school which services will your child attend?

Please select up to 3 services and indicate the hours per week:	ECE 1 (Hrs per wk)	ECE 2 (Hrs per wk)	ECE 3 (Hrs per wk)
Kohanga Reo			
Playcentre			
Kindergarten or education and care centre			
Home based service			
Playgroup			
Correspondence School – Te Aho oTe Kura Pounamu			
OR			
Attended, but only outside New Zealand			
Attended, but don't know what type of service			
Did not attend			

**PRIMARY PARENT / CAREGIVER DETAILS**

Miss / Ms / Mrs / Mr	Relationship:	Student living with you: YES / NO
Surname:	First name:	
Address:		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

Miss / Ms / Mrs / Mr	Relationship:	Student living with you: YES / NO
Surname:	First name:	
Address (if different from above):		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

**OTHER GUARDIAN/CAREGIVER: (e.g. Step-parent or living with grandparent)**

Relationship:	Student living with you:	YES / NO
Surname:	First name:	
Address:		
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

**CARE ARRANGEMENTS AND CUSTODY**

Legal Guardians (If other than Mother and Father):
Custody or Parenting Agreement in place? YES / NO. If yes, please attach relevant documentation and supply details below:
Court Order issued? YES / NO. If yes, please supply a copy.
If parents not living together, who should we send an extra copy of school reports to?

**SICKNESS/EMERGENCY CONTACTS (People you authorise to collect your child from school to care for them in the event of sickness/civil defence emergency – additional to parents/caregivers.)**

Surname:	First name:
Relationship:	Male / Female
Home Ph:	Mobile No:

Surname:	First name:
Relationship:	Male / Female
Home Ph:	Mobile No:

Surname:	First name:
Relationship to Child:	Male / Female
Home Ph:	Mobile No:



