

ENROLMENT FORM



RUTHERFORD PRIMARY SCHOOL

2 Kotuku Street
Te Atatu Peninsula
Auckland 0610

Ph (09) 834 5467
Fax (09) 834 3307
office@rutherfordprimary.school.nz
www.rutherfordprimary.school.nz

STUDENT DETAILS

Surname:	First Names:
Preferred Surname:	Preferred First Name:
Date of Birth:	Gender: Girl/Boy
Address:	Place in family: out of child(ren)
	Current Year Level:
	Previous School:
Home Phone:	Sibling(s) likely to attend in the future:
Mobile Phone:	
Email:	Name: Birth Date:
NZ Resident: Yes / No	Name(s) of other child(ren) attending this school:
Residency Permit: Yes / No	

ETHNIC INFORMATION

EARLY CHILDHOOD EDUCATION

Languages Spoken at Home:	Centre Attended Before Starting School:
Ethnicity 1:	<input type="radio"/> Home Based Service
Ethnicity 2:	<input type="radio"/> Kindergarten or Education and Care Centre
Ethnicity 3:	<input type="radio"/> Kohanga Reo
Iwi/Hapu:	<input type="radio"/> Playcentre
1.	<input type="radio"/> Playgroup or Pacific Island EC Group
2.	<input type="radio"/> Correspondence School
3.	<input type="radio"/> Did not attend
Country of Birth:	Approx hours per week spent at Pre-School:
Date NZ entry:	Approx Duration at Pre-School (Months/Years):

PARENT / CAREGIVER DETAILS e.g Mother/Father/Guardian

CAREGIVER 1	CAREGIVER 2
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Occupation:	Occupation:
Work Name:	Work Name:
Work Phone:	Work Phone:
Child lives with: Both Parents	Caregiver 1 Caregiver 2 (Please Circle)
Parents Country Of Birth (Mother):	(Father):
Names of Legal Guardians:	
Custody Arrangements / Access Restrictions:	
Court Order Issued? Yes / No	Copy of Order on File: Yes / No

