

Sockburn School Student Enrolment Form

Student Information		
Legal surname:	DoB	M / F
Legal firstname/s:	Current class/year level	
Preferred surname:	Previous school/Centre	
Preferred first name		
Name of eldest at Sockburn School:	Ethnicity	Iwi/Hapu
Home Address:		
Phone		
Mobile		
Email		
Home Language	Country of Birth	
Residency/Citizenship Yes/No	Date of Entry to NZ	

I confirm that the address which I have provided to the school will be the usual place of residence when the school is open for instruction. I will advise the school of any subsequent change of address.

Parent Information		
Title	Legal surname	Address - if different from above
	Legal first name	
	Relationship to student	
Country of Birth	Workplace hours	
	Occupation	
	Work contact Ph	
Home Phone	Mobile	
Title	Legal surname	Address - if different from above
	Legal first name	
	Relationship to student	
Country of Birth	Workplace hours	
	Occupation	
	Work contact Ph	
Home Phone	Mobile	
Emergency Contact - name, relationship and phone details		
1		
2		
Family Doctor - Name/Clinic and phone details		
Names of legal Guardians		
Custody Information	Court Order issued	Yes / No / N/A
Attach further info as required _____		
Additional copy of school report: Name _____		
Address _____		

Privacy Statement

All information on this enrolment form will be used in accordance with the principles of the Privacy Act and only be disclosed to appropriate education, health and welfare authorities, and for data gathering purposes by the NZ Ministry of Education. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.