



NORSEWOOD & DISTRICTS SCHOOL

PRE -ENROLMENT FORM

This is a preliminary enrolment form for Norsewood & Districts School. If your circumstances change and you no longer wish to enrol, please let the office know 3740870

STUDENT DETAILS

Legal Surname/ Family Name: _____
All Legal First Names: _____
Preferred Name (Known by): _____ Gender: Male / Female / Non binary
Date of Birth: _____ Country of Birth: _____
Ethnicities _____ Iwi/Hapu (if applicable): _____
Intended start date: _____

PARENT/CAREGIVER CONTACTS

Primary Caregiver: Mr/Mrs/Miss/Ms _____
Relationship: _____
Home Address (Physical) _____

Postcode _____
Mailing (if different) _____ Postcode _____
Phone (Home) _____
(Mobile) _____ Email _____
Occupation: _____ (Work phone) _____
Secondary Caregiver: Mr/Mrs/Miss/Ms _____
Relationship: _____
Home Address (Physical) _____

Postcode _____
Mailing (if different) _____ Postcode _____
Phone (Home) _____ (Mobile) _____
(Work) _____ Email _____

EARLY CHILDHOOD

Has your child regularly attended Early Childhood Education?
 Yes, for the past _____ years Not regularly, only occasionally Did not attend
Name of ECE attended: _____

SIBLINGS

Younger Siblings who may come to Norsewood & Districts School in the future
Names and birthdates _____

OTHER

Please let us know below if there are any special requirements/needs that we need to know about to keep this transition positive. E.g. medical, social, behavioural, etc

