



Enrolment Form

Student Details

Surname: _____ First Names: _____

Preferred Name: _____

Address: _____

Male Female

_____ Date of Birth: ____/____/____

Ethnic Group _____ Start Date: ____/____/____
e.g. NZ European, Maori, Cook Island Maori, Samoan, Japanese (you may belong to more than one group)

Citizenship _____ IWI _____

Photocopy of Birth Certificate (No _____) or Passport No _____
(showing Residency Status)

Caregivers Details

Surname Mr/Mrs/Miss/Ms _____

First Names _____

Relationship _____

Phones: Home _____ Work _____

Email: _____

Cell: _____

Occupation _____

Surname Mr/Mrs/Miss/Ms _____

First Names _____

Relationship _____

Phones: Home _____ Work _____

Email: _____

Cell: _____

Occupation _____

Workplace _____

Emergency Caregiver (e.g. grandparent, neighbour, friend of family)

Name: _____ Relationship _____ Phone _____

Last School/Pre School

School: _____

Address: _____

Year: _____

Immunisation Details

Cert Shown Immunisation Complete

Other Medical/Allergy Details

Doctor: _____

Special Learning Needs

Caregivers Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

For School Use

Year ____ Bus ____ Room ____ House ____ On ENROL Enrolment No



Dear Parents/Guardian,

Our school offers the Fonterra Milk for Schools programme for Years 0-8.

Fonterra Milk for Schools will:

- Supply a free fridge to chill the milk
- Collect used packaging for recycling

Fonterra Milk for Schools is all about growing healthy kids and milk contains essential nutrients for growth and development. The natural nutrition of milk gives kids calcium for building bones and nutrients they need for sustained energy, concentration and learning in the classroom.

Participation in the programme is entirely voluntary – both for our school and students. At this stage we are considering Fonterra’s offer to join the programme and would like to assess the demand for the programme in our school. To help us make a decision could you please complete and return the permission slip below.

If you would like more information about the programme visit www.fonterramilkforschools.com
To discuss our school participating in Fonterra Milk for Schools please contact the school office.



Child’s First Name:

Child’s Surname:

Class Room Number:

- I would like my child to participate in Fonterra Milk for Schools
- I would not like my child to participate in Fonterra Milk for Schools
- My child has a dairy intolerance and/or allergy and cannot participate

Pauline Taylor



Dear Parents,

We are seeking your permission in respect of the two following matters.

Learning opportunities within Lawrence.

From time to time teachers extend their lessons beyond the classroom and beyond the school grounds within Lawrence e.g. visiting the Library or Museum, singing to the elderly, cross country training.

We seek your permission for these small outings for the 2019 school year.

Please note that appropriate teacher/adult supervision will always be provided, and where ever

possible you will be informed about the outing.

You have our permission to take _____, _____, _____, _____
on class learning opportunities within Lawrence that occur in the 2019 school year.

_____ signed

Parents Name: _____

Photographs 2019

We seek your permission to use photographs of children engaged in school activities in the following forums: school newsletter, school magazine, school website, slide show display on screen in the school office, Area School publications.

We give our permission/do not give our permission for school based photographs to be used in the afore mentioned forums for our children.

_____ signed

Parents Name: _____