

# Rotorua Primary School

## Pukeroa Oruawhata

Please complete all shaded sections of this form

Last Name  First Name(s)  Preferred Name  Gender

Address  Suburb  City  Postcode

Home Phone No.  Postal Address if different from above

Date of Birth  Birth Cert.  Pre-School Type if any  No. Hours per week  No. Years Attended   
Start Date at RPS  Enrolment Number  Year  Room  Previous School

Mother's Ethnicity  Father's Ethnicity  Country of Origin  First Language

Doctor's Name  Immun. Cert  Any Medical Details or Medication the school needs to be aware of eg Asthma, Allergies, Physical Problems   
Wears glasses  Wears hearing aids

**Primary Caregiver (living with student):**  
First Name  Last Name  Relationship to Student  Cell Phone  Work Phone   
**Email Address:**

**Secondary Caregiver (living with student):**  
First Name  Last Name  Relationship to Student  Cell Phone  Work Phone

**Alternative Contact:**  
First Name  Last Name  Relationship to Student  Contact Phone No.

**Alternative Contact:**  
First Name  Last Name  Relationship to Student  Contact Phone No.

Student's Iwi Affiliations (up to 3 may be listed):

Any Custody Arrangements/Access Restrictions the School needs to be aware of:

eTAP/Fees/Enrol/Records

NSN:

Please complete other side of this form 