



Enrolment No:
NSN:

MANGERE BRIDGE SCHOOL

Founded 1889
Coronation Road, PO Box 59040, Mangere Bridge, Manukau 2151
Ph 09 636 7304, 09 634 2499
Email: admin@mangerebridge.school.nz
Website: www.mangerebridge.school.nz
Principal: Stephanie Tawha



Student	
Legal surname:	First names:
Preferred surname:	Preferred first name:

D.O.B: _____

Male/Female

Address: _____

Home ph.: _____

Mobile: _____

Parent's Email: _____

Receive Newsletter by Email: **Y / N**

Documents required at appointment with Deputy Principal:

- Birth Certificate
- Proof of Address in Parents name (must be one of the following):
Electricity Account, Rates Account, Rental Agreement
- Immunisation Certificate
- Early Childhood Centre Portfolio if you have one

ADMIN ONLY					
Appointment with	Appointment confirmed ()	Room	Year	DOB	DOE
Copy of enrolment/visits to teacher ()	New Entrant Pack ()	1st Visit		2nd Visit	3rd Visit
DOCUMENTS RECEIVED	Immunisation Cert. Y/N	Birth Cert/Passport Y/N		Proof of Address Y/N	Permission slip Y/N
SMS () / ENROL ()	ESOL Funding Y/N	Student Profile ()		eastTtle ()	Google account ()

STUDENT

Ethnic Group of child: _____

If Ethnic Group is Maori which Iwi/s do they belong to:
(this must be completed and you may have up to 3)

Iwi 1: _____ Iwi 2: _____

Iwi 3: _____

Country where born: _____

If Born overseas – date of arrival in NZ _____

What languages do you and your family speak at home to each other? _____

The language your child mostly speaks: _____

Last school attended: _____

Name of children at this school:

Name _____ DOB _____ Enrl No.* _____

Name _____ DOB _____ Enrl No.* _____

Name _____ DOB _____ Enrl No.* _____

* To be filled in by the office staff

Names & Birth Dates of preschool children in family:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Student living with Mother & Father

(tick one) Mother

Father

Guardian

MOTHER

Surname: _____

First Name: _____

Address (if different from student):

Contact phone numbers:

Home: _____ Work: _____

Mobile: _____

Email: _____

Occupation: _____

Ethnic Group: _____

Country of Birth: _____

FATHER

Surname: _____

First Name: _____

Address (if different from student):

Contact phone numbers:

Home: _____ Work: _____

Mobile: _____

Email: _____

Occupation: _____

Ethnic Group: _____

Country of Birth: _____

EMERGENCY CONTACT (other than Parents)

Surname: _____

First Name: _____

Address: _____

Ph (Home): _____ Ph(Work): _____

Mobile: _____

Relationship to student: _____

HEALTH		
PROBLEM	MEDICATION	OTHER DETAILS (E.G. SPECIALIST)
Allergies		
Asthma		
Heart/Circulation		
Sight/Hearing		
Other		

PLEASE LIST ANY SPECIAL DIETARY REQUIREMENTS:

Early Childhood Education

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school?

If yes, what is the name of the Centre: _____

Please complete the table below for the service(s) attended.

Please enter the number of hours per week	Hrs/week
a. Kōhanga Reo	
b. Playcentre	
c. Kindergarten <i>or</i> Education and Care Centre	
d. Home based service	
e. Playgroup	
f. The Correspondence School–Te Aho o Te Kura Pounamu	
Or Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ___ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

Does your child's name have a meaning? Is he/she named after someone in your family?

Who lives at your place?

What is your child's sleep routine? Are they a good sleeper?

Does your child have any worries/concerns/fears that we would need to know about?

What does your child like to do in their free time? What do you do in the weekends?

Does your child have a passion/strength in/about something in particular?

Who does your child like to play with/spend time with? (friends, adults, on their own)

Does your child enjoy reading/being read to? What do they enjoy reading? (books, comics, online etc)

Does your child belong to any clubs/sports/church groups etc?

Does your child have a library membership? Who takes them to the library? How often?

Does your child use a computer/ipad/tablet/smartphone at home or pre-school?

What would you like school to provide for your child?

I/We hereby make an application to enrol my son/daughter at Mangere Bridge School under the terms and conditions of the Prospectus which I/we accept as applying to him/her. I/We agree that he/she will be subject to school rules and I/we will endeavour to see that he/she obeys them. I/We understand the school will take action on my behalf in case of injury or sudden illness.

Signature(s): _____ **Date:** _____

NOTES:

PERMISSION

We need your permission for various school activities. Please read the following, fill in, and sign.

I give permission for my child to go on local school trips within walking distance of Mangere Bridge School (for other trips you will receive a separate permission slip) YES/NO

I understand that I may withdraw my permission at any time for any event or trip. YES/NO

I give permission for photos to be taken of my child YES/NO

Occasionally we publish photos of children in the Newsletter, this is put onto the Mangere Bridge School Website. I give permission for photos of my child to go on the school website YES/NO

I give permission for the school to request extra help for my child, if needed from:

- Special Education
 - Resource Teacher, Learning and Behaviour
 - Ministry of Education, Discretionary Hours
- YES/NO

I understand that any information provided on my child will be used to assist my child and will be used according to the provisions of the Privacy Act, 1993 YES/NO

Child's Name _____

Parent's Name _____ Parent's Signature _____

FOR ADMINISTRATION USE ONLY:

Out of Zone Y/N _____ Over Seas Visitor Y/N _____

Verified D.O.B.: Birth Certificate / Passport

If verified by passport following details required

Country of origin: _____ Entry Status: _____

Date of arrival in NZ: _____ Refugee/Reunification: _____

NZ Resident Permit _____ NZ Citizen (Cross out which not applicable)

Other (specify) _____

