



# New Lynn School

..... Family Name First Name Boy / Girl Date of Birth ..... / ..... / .....

Adm Date ..... / ..... / ..... Class ..... Room ..... Adm. No. ....

Address .....

Home Phone ..... Mobile ..... Email .....

Caregiver 1..... Relationship to child ..... Occupation ..... Work Phone .....

Caregiver 2..... Relationship to child ..... Occupation ..... Work Phone .....

Address of FATHER / MOTHER if different from child .....

..... Phone .....

Emergency contact NAME / PHONE / RELATIONSHIP .....

Last school / pre-school attended .....

Nationality ..... Main language spoken at home .....

Birth place ..... Date of entry in N.Z. .... / ..... / .....

Health problems .....  Mild  Moderate  Severe Doctor ..... Phone .....

Relevant information re progress being given to appropriate agencies

Special notes Legal / custody etc .....

Parent / Guardian Signature .....

## OFFICE USE ONLY

Birth Certificate Sighted  Requested ..... Passport Sighted  Requested ..... Immunisation Sighted  Requested .....

Parents country of birth if not New Zealand .....

Special Needs / ESOL  / ORRS  / Dental  / Health  Other .....

Notes .....

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