



ST MARYS CATHOLIC SCHOOL PUTARURU

Reg No.....

STUDENT RECORD FORM

NSN

CHILD'S FULL NAME: Boy/Girl

CHILD'S DATE OF BIRTH:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

MOTHER/GUARDIAN

ADDRESS

OCCUPATION

PHONE Home.....Mobile

WorkMobile

EMAIL ADDRESS

FATHER/GUARDIAN

ADDRESS

OCCUPATION

PHONE HomeMobile

WorkMobile

EMAIL ADDRESS

Who the child is living with: Name.....

Phone.....

Address

Relationship to child

Ethnic Group NZ European Maori(please state Iwi).....

(Please Circle) Cook Islander Chinese Filipino

Other Please State

EMERGENCY CONTACT: Name.....

PhoneRelationship to child

FAMILY DOCTOR: PHONE:

SERIOUS ILLNESS:

ALLEGIERIES : Pencillan Asthma Beesting Other (Please State)
.....

SIGHT/HEARING/SPEECH OK Wears Glasses Under Specialist Care

BUS: Route
 Bus NumberKm from gate to school

PRE-SCHOOL (Last Attended by Child):

Number of weekly hours Attended: and Years Attended:

SCHOOL (Last Attended by Child)

I give permission to allow school staff to transport my child to any Accident/Emergency/Medical Centre if the need arises YES NO

I give permission for my child to use the Internet under the school policy YES NO

My child's photo/pictures, published work may be publicly displayed without the need of Copyright using School Website and School's Wiki YES NO

I give consent for my contact details to be shared with the PTA and Parish YES NO

I have enclosed a copy my child's Birth Certificate YES NO

I have enclosed a copy of my child's Baptism Certificate YES NO

We/I Allow Educational Records to be used by advisers and Educational Support Staff. YES NO

NAMES OF FAMILY MEMBERS
LIKELY TO ATTEND THIS
SCHOOL AND DATE OF BIRTH
.....

FULL NAME OF PARENT/CAREGIVER:

SIGNED:..... DATE:.....

Privacy Act
This document is signed knowing that the information given is protected by the Privacy Act and that the school has given an assurance that the information will not be released to anyone other than those who are entitled under the terms of the Act