

Prior-participation in Early Childhood Education – New Entrants:
Did your child attend one or more Early Childhood Education services(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

1. If your child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If your child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga 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			

Did your child regularly attend Early Childhood Education?
 "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.

Other Notes:

Office Use Only: Class: _____ Room: _____ Teacher: _____

Enrolment Number: _____ Date of Entry ___/___/___ Bus: _____

House: _____ Birth Certificate Immunisation Card
 School Booklets Health Card NE Kit



WELLSFORD SCHOOL

Enrolment Form

Permissions:

1. Admin Staff can administer paracetamol or provide access to a Doctor/Hospital when necessary, and I will accept the cost of this. Y/N
2. Images / Photos of students can be used on our Website, or in school newsletters and other publications, anonymously. Y/N
3. My child can attend the Bible lessons with their classmates. Y/N
4. My child and I have read, understood, and committed to the School's Cyber Safety Agreement.
5. I agree to Wellsford School collecting personal information on the child/children named on this form, on the understanding it is used for Student Records, Accounting, School Support Team, Dental Health, Public Health Nurse, or other agencies with legal access to it.
6. The information can also be used for statistical purposes.
7. Academic records can be forwarded to subsequent schools.
8. The information will be stored at Wellsford School, 47 School Rd, Wellsford.
9. I/We agree to abide by all BOT policies and procedures. E.g. Cyber Safety, Bus Code, Behaviour Management, Parent Helper Policy, etc.

Signed: _____ Date: _____