

Pre Enrolment Form - Ponsonby Primary School



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SANJAY RAMA Principal

STUDENT DETAILS

Pupil Surname		
First names		
Date of Birth		Male / Female (please circle)
Anticipated School Start Date		Year Level:
Previous School (If any)		
Place in Family	of	children (e.g. 1 st of 3 children)
Names of siblings currently at PPS		
Any Identified learning difficulties or anything else we should be aware of eg dyslexia, ADHD etc Please state.		

RESIDENTIAL ADDRESS

Home Address Street & Number		
Suburb		
Postcode		

PARENT/CAREGIVER DETAILS

Parent/ Guardian Full name		
Home Phone		
Cell phone		
Email		

Name and address of any parent not living with student		
	Home phone	
	Cell phone	

OFFICE USE ONLY

Enrolment Number _____	Sibling y /n _____	<input type="checkbox"/> Dental
Enrolment Meeting _____	<input type="checkbox"/> Statutory Dec <input type="checkbox"/> signed	<input type="checkbox"/> Hearing & Vision
1 st School Visit _____	<input type="checkbox"/> Blue Enrolment Form	<input type="checkbox"/> Cybersafety
2 nd School Visit _____	<input type="checkbox"/> Verification of Identity birth / pass/other	<input type="checkbox"/> Questionnaire
Start Date _____	<input type="checkbox"/> Immunisation	<input type="checkbox"/> Athletics
House _____	<input type="checkbox"/> Proof of address	<input type="checkbox"/> Google Drive (Y4-6)
Teacher _____ Room _____	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Rates / Water / other	<input type="checkbox"/> Student file created
NSN _____	<input type="checkbox"/> e-Tap <input type="checkbox"/> Enrol <input type="checkbox"/> email database	<input type="checkbox"/> School Links