



Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the 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 the child's attendance hours varied, or the parent/caregiver is 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. 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	
j. Unable to establish if attended or not	

Did the 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.

PUPIL'S LEGAL SURNAME:		SURNAME KNOWN AS AT LAST SCHOOL:		ADM NO.
PUPIL'S FIRST NAME:			CALLED NAME	
DATE OF BIRTH: / /			DATE OF ENTRY: / /	
LEVEL CLASS:	ROOM:	IWI: 1.	2.	3.
ETHNIC GROUP:	BORN IN NZ YES / NO (COMPLETE BELOW)		GENDER: MALE / FEMALE	
MAILING NAMES:			LIVING WITH: BOTH	
STREET:			DISTRICT: FLAXMERE	
HOME PHONE NO.			CELLPHONE:	
EMERGENCY PHONE:		NAME:		
MOTHER Surname:		First Name:		
MOTHER Address:				
MOTHER: Workplace:		Work Phone:	Skills/Occupation:	
FATHER Surname:		First Name:		
FATHER Address:				
FATHER: Workplace:		Work Phone:	Skills/Occupation:	
DOCTOR & PHONE:		MEDICAL ISSUES:		
CURRENT SPORTS/ACTIVITIES:			LANGUAGE SPOKEN AT HOME:	
SCHOOL ENROLLED FROM:				
EARLY EDUCATION: KINDERGARTEN / KOHANGA		TIME ATTENDED:		
NAME:		ADDRESS: ✓	REG:	
CUSTODY & ACCESS:				
LEARNING ASSISTANCE/INTERVENTION: RTL <input type="checkbox"/> ELL <input type="checkbox"/> READING RECOV. <input type="checkbox"/> ORRS <input type="checkbox"/>				
SIGHT / SPEECH / HEARING:			OTHER CHILDREN AT THIS SCHOOL:	
ETHNIC: 1.MOTHER 2.FATHER 1. 2.			PREVIOUS DENTAL CLINIC:	
PRE-SCHOOLERS: NAME		DOB		
NAME		DOB		
SPECIAL NOTES:				
ENROLLED BY:				
HOW DID YOU HEAR ABOUT FLAXMERE PRIMARY:				
BIRTH MARKS:				
MEDICAL: IN THE EVENT OF YOUR CHILD NEEDING MEDICAL INTERVENTION & YOU CANNOT BE CONTACTED, DO YOU AUTHORISE THE SCHOOL TO TAKE THE NECESSARY ACTION: YES <input type="checkbox"/> NO <input type="checkbox"/>				
SIGNED _____				
PUBLISHING PERMISSION — WE LIKE TO PUBLISH THE BEST OF OUR PUPIL'S WORK ON THE SCHOOL WEBSITE: HTTP://WWW.FLAXMERE.SCHOOL.NZ . THIS INCLUDES PHOTOS AND SHORT MOVIES OF CULTURAL SHOWS AS WELL AS CLASSROOM WORK. I GIVE / DO NOT GIVE PERMISSION FOR MY CHILD TO HAVE PHOTOS, SHORT MPG MOVIES, WRITTEN WORK & ART PUBLISHED ON OUR SCHOOL WEBSITE. ALL PHOTOS ARE PUBLISHED WITHOUT NAMES. ALL WRITTEN AND ART WORK IS PUBLISHED WITH AN INITIAL AND/OR AGE, OR LEVEL.				
SIGNED _____		PRINT NAME _____		
IMMUNISATION FORM: YES / NO		SCHOOL INFORMATION <input type="checkbox"/>	BIRTH CERT SUPPLIED <input type="checkbox"/>	
PUPIL'S COUNTRY OF BIRTH: _____		DATE ENTERED NZ _____		
MOTHER / COUNTRY OF BIRTH: _____		FATHER / COUNTRY OF BIRTH: _____		
COPIES:	BIRTH CERTIFICATE <input type="checkbox"/>	PASSPORT <input type="checkbox"/>	EVIDENCE OF IMMIGRATION STATUS <input type="checkbox"/>	
NSN: _____				