

**BROAD BAY SCHOOL**  
Roebuck Rise, Broad Bay, Dunedin  
Phone: 4780-706 Fax: 4780-817

**Enrolment Form**

To be filled in by parent or guardian of child on admission to Broad Bay School.

SURNAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

CHRISTIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREVIOUS PRE SCHOOL (if a new entrant) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY PHONE NO - FATHER'S WORK \_\_\_\_\_

MOTHER'S WORK \_\_\_\_\_ GUARDIAN'S WORK \_\_\_\_\_

Who is to be contacted if any of the above are not available?

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Please circle the ethnic group you wish your child to be recorded as belonging to:

NZ European                      NZ Maori                      Other \_\_\_\_\_

Names of family members who are likely to be attending this school in future:

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

I hereby certify that the above information is correct \_\_\_\_\_