



Welcome to West Melton Primary School

We would appreciate the following information being completed to assist us in providing a smooth and stress-free transition into our school/community for your child/ren and whanau as possible. Thank you

Student's name		Student's name		Student's name	
D.O.B.		D.O.B.		D.O.B.:	
Boy/girl		Boy/girl		Boy/girl	
Age:		Age:		Age:	
Current year group:		Current year group:		Current year group:	
Year group next year:		Year group next year:		Year group next year:	
Comments or suggestions		Comments or suggestions		Comments or suggestions	
Last School attended		Last School attended		Last School attended	
Request Student Reports:					
Proposed start date:			In Zone: yes/no		
Family/Whanau Information:					
Mother's Name:					
Father's Name:					
Other family names/contacts:					
Address			Address if different when child/ren start		
Phone Number:		Cell Phone:		Work:	
Email Address:					
Form completed by:			Date:		
Office use only					
Class placement: LC		Teacher:		Actual start date:	
Pre enrolment package issued: yes/no		Family informed of placement: yes/no			
Copy given to D.P and teacher: yes/no		Date:			
Entered on Computer: yes/no		Date:			
Proof of in zone residency sighted: yes/no					