



Top Start

Transition to School Pre-School Programme

Enrolment – Authorisation Form

Childs Details			
Legal Surname:		Legal First Names:	
Preferred Surname:		Preferred First Name:	
Date of birth: / /	Boy/Girl (please circle)	Child's place in the family: of	
Address:			
Home Phone:		Mobile:	
Email:			
Parent/Caregiver Name:		Relationship to child:	
Emergency Contact Name:		Contact No.	
Family Doctor:		Contact No.	
Medical concerns:			
Pre-School/Kindergarten:			

I authorise my child _____ to be on the Pakuranga Heights School site under the supervision of authorised personnel.

I authorise any action in case of illness or emergency as may be necessary.

I will advise the school of any known medical condition my child may have.

Parent/Caregiver Name:

Parent/Caregiver signature: Date: / /

Office Use Only			
Term/s:	No. of sessions:	Start date: / /	End date: / /
School Start date: / /	Confirmation sent: / /		
Notes:			