



Enrolment

Expression of Interest

*Please complete and return to the School Office,
 or email to office@westgore.school.nz*

Student Details

Start Date (if known): _____

Child's Name: _____ Date of Birth: _____ Current Class Level: _____

Child's Name: _____ Date of Birth: _____ Current Class Level: _____

Child's Name: _____ Date of Birth: _____ Current Class Level: _____

Current Kindergarten: _____

Caregiver Details

Mother's Name: _____ Address: _____

Phone Number: _____

Father's Name: _____ Address: _____

Phone Number: _____

Caregiver's Name: _____ Address: _____

Phone Number: _____

Personal Information

Custodial Arrangements: _____

Special Interests/Needs: _____

Agreed Follow-up: _____

Parent/Caregiver Signature: _____ Date: _____

Office Use Only

Enrolment Pack:

Conversation with Principal:

School Visit Letter/Dates set:

Enrolment Received:

Birth Certificate Copied:

Immunisation Record Copied:

Entered on Edge:

Entered on Enrole: