



KAIRANGA SCHOOL
For Life We are Learning
BALLOT FORM

FAMILY NAME: _____ FIRST NAMES: _____

ADDRESS: _____ Preferred Name: _____

Telephone: _____ Mobile: _____ Email: _____ *print clearly*

Date of Birth: _____ Gender: Male / Female

Country of Birth: _____ Ethnic Origin: N.Z. European/Maori/ Pacific Island

Other _____ Iwi Affiliation: _____

Language Spoken at Home: English NZ Maori Other _____

Number of Siblings: _____ Place in Family: _____

Younger Siblings:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Previous School / Pre-school: _____ Class Level: _____

In regard to Pre-school Hours attended: _____ Years attended: _____

PARENTS / CAREGIVERS / GUARDIANS:

Mother Name: _____ **Father Name:** _____

Address: _____ **Address:** _____

_____ **Post Code:** _____ _____ **Post Code:** _____

Phone: _____ **Phone:** _____

Workplace: _____ **Workplace:** _____

Occupation: _____ **Occupation:** _____

Ethnic Origin: _____ **Ethnic Origin:** _____

Primary Caregiver (if not Mother or Father)

Single Parent Family: Yes / No

Name: _____

Address: _____

Phone: (Home) _____ **(Work)** _____

Legal Guardians Relationship to Child: _____