

MOUNT MAUNGANUI INTERMEDIATE SCHOOL

ENROLMENT FORM

IN-ZONE

*Please provide proof
of residential address*

OUT-OF-ZONE



STUDENT DETAILS

Male

Female

Surname [Legal]:

First Name [Legal]:

Middle Name:

Preferred First Name/Surname:

Address:

Postal Code:

Present school:

Enrolling for Year Level:

Iwi [NZ Maori]:

Date of Birth: dd/mm/yy

Country of Birth:

Nationality:

Language spoken at home:

Other languages:

FOR STUDENTS WHO ARE NOT NEW ZEALAND CITIZENS

Date of Arrival in New Zealand:

Date of Visa Expiry:

Intended length of stay:

Status:

Permanent Resident

Student Visa

Visitor's Visa

Level of English

New learner

Some English

Fluent

IMPORTANT:

Please indicate who the **FIRST** point of contact is for your child:

Caregiver 1

Caregiver 2

Most communication with caregivers is via email and mobile phone. It is essential that the school is provided with a valid and current email address and mobile phone number where a message can be left.

CAREGIVER 1 DETAILS: Living with child:

Yes

No

Relationship to child:

Surname:

Title

First Name:

Address:

Postal Code

Home Phone:

Mobile Phone:

Work Phone:

Company/Occupation:

Email:

CAREGIVER 2 DETAILS: Living with child:

Yes

No

Relationship to child:

Surname:

Title

First Name:

Address:

Postal Code

Home Phone:

Mobile Phone:

Work Phone:

Company/Occupation:

Email:

Any custody issues the school needs to be aware of:

Yes

No

[If so, legal documentation is required]

EMERGENCY CONTACTS:

This information is very important should your child fall ill at school and we are unable to contact you. Please do not put your own name here. We need the name[s] of another local person/persons we can reach in an emergency. In providing these emergency details, you confirm that you have advised them that the school could make contact in an emergency.

Emergency Contact 1 Relationship to child:

Name:

Contact Phone Number:

Emergency Contact 2 Relationship to child:

Name:

Contact Phone Number:

OFFICE USE ONLY

In-Zone

Out- of-Zone

Medical

ESOL

Birth Certificate or passport sighted and copied

Proof of Address

SENCo

Visa sighted and copied

NSN Number:

Year
Level:

Rm:

Date
Started:

Checked
by:

MEDICAL INFORMATION

Medical Conditions / Allergies: *[Please list below and attach any relevant information]*

Mild Moderate Severe

Is medication to be held at school? Yes No Medication: _____

Medic Alert Register details Yes No

Do you give permission for your child to be given Panadol if required? Yes No

Family Doctor – Name: _____ Practice: _____ Phone: _____

Community Services Card Number: _____

Is your child fully immunised? *Diphtheria/Tetanus/Whooping Cough/Polio/Hepatitis B at 6 wks, 3 mths, 4 yrs* Yes No

[5 month immunisations] MMR Measles, Mumps, Rubella at 4 yrs Yes No

Special Needs / Learning Difficulties: *[please attach relevant information]* Yes No

PERMISSIONS

Please indicate whether Mount Maunganui Intermediate School has permission to publish your child's name, their work and images in forums such as the school newsletter and website Yes No

OUT OF ZONE ENROLMENTS

Parents/Siblings previously at Mount Maunganui Intermediate School:

Name: Parent Sibling Years attended: _____

Name: Parent Sibling Years attended: _____

ADDITIONAL INFORMATION:

Please add any additional information which could have an impact on your child at school eg access/custody/court orders, learning difficulties, behavioural issues etc.

Do you wish to be involved in the school as a parent helper?

Tutor Reading

Kapahaka

Parent Support Group

DECLARATION By signing this Enrolment form, I declare that...

- I request that the above named student be enrolled at Mount Maunganui Intermediate School.
- The address and contact information I have provided to the school will be the usual residence for this student when the school is open for instruction. I will advise the school immediately of any subsequent changes of address, or contact information.
- I understand that students accepted under the In-Zone criteria will be expected to remain within the school zone while attending the school. Mount Maunganui Intermediate School expects that children accepted as In-Zone students, and subsequently moving out of the school zone, will enrol at their new local school.
- In an emergency, I give permission for medication to be administered and/or emergency services to be contacted.
- I agree to uplift my child from school if they are sick.
- I agree that Mount Maunganui Intermediate School will not be responsible for costs associated with any accident or injury sustained during a school related activity.
- I will ensure my child wears the correct school uniform every school day, and PE uniform for fitness and sports programmes.
- I agree that non uniform items or inappropriate articles can be confiscated, and that Mt Maunganui Intermediate School takes no responsibility for confiscated items that may subsequently be lost or misplaced.
- I understand that all students are expected to abide by school policies and procedures and that these can be viewed on request.
- I will advise the school before the start of the school day if my child is absent by leaving a message.
- In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Mount Maunganui Intermediate School holds on my child.
- I give permission for Mount Maunganui Intermediate School to obtain school records and any other information relevant to my child's welfare from previous schools. Students may request to view and correct any errors in their records.
- I agree that we have read, understand, and will abide by the ICT Responsible Use Agreement.
- I give permission for my child to participate in offsite programmes of learning, within 6km [approx] of the school, as approved by the Principal.
- I agree to pay all school fees incurred *ie subject fees, sporting activities, class trips, camps.*
- I will pay for any loss or damage incurred to any loaned items *ie library books, wet suits, tracksuits etc.*
- I confirm that all information provided in this application is correct.
- I confirm that I have supplied authentic documentation as required.

Signed: _____

Mother, Father or Caregiver

Student's Signature

School Representative