

# ENROLMENT FORM



In-Zone  Out-of-Zone

## STUDENT DETAILS

Date \_\_\_\_\_ Boy  Girl

Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Certificate  Passport

Current School Year Level \_\_\_\_\_ Current Primary School \_\_\_\_\_

Ethnic Origin(s) \_\_\_\_\_

Iwi Affiliations \_\_\_\_\_

Country of Birth \_\_\_\_\_ NZ Residency Yes  No  Date of entry to NZ \_\_\_\_\_

Language(s) at home \_\_\_\_\_ English Support Needed Yes  No

Living with \_\_\_\_\_ Mother  Father  Caregiver (State relationship)

Address \_\_\_\_\_

Phone \_\_\_\_\_

## PARENT/ CAREGIVER DETAILS

Mother/Caregiver Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Father / Caregiver Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACTS - If parents cannot be contacted

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH

 Please tick box for permission to give your child paracetamol if required 

Medical Condition (mild  moderate  severe ) \_\_\_\_\_ Immunisation Certificate

Medications \_\_\_\_\_

Doctor \_\_\_\_\_ Medical Centre \_\_\_\_\_ Phone \_\_\_\_\_

## CUSTODY/ACCESS ARRANGEMENTS

 (If yes, please provide supporting documentation)

Court Order Issues \_\_\_\_\_ Yes  No  N/A

## OTHER DETAILS

 Strengths, Interests, Private Lessons, Learning/Behaviour Needs, Special Needs, Other information/requests

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school.

I approve the forwarding on of information when my child transfers to another school.

I further approve the forwarding of my child's name and address to a potential secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury to my child. I agree to abide by school policies, each of which is available for inspection at the school.

Signed \_\_\_\_\_ Parent/Caregiver Name \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Start Date \_\_\_\_\_ Year \_\_\_\_\_ Room \_\_\_\_\_

F.S.D \_\_\_\_\_

NSN \_\_\_\_\_

## ADDITIONAL INFORMATION

Please complete this section to the best of your knowledge. This information helps us in placing your child in their Whānau class.

What are the things your child enjoys at school? List any strengths or achievements:

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What are the things your child would like to get better at? Have there been any previous interventions (e.g. RTLB, Learning Support, ESOL Support, or Teacher Aid Support etc.):

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Activities and Interests outside of school:

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Important Friendships: Please list any names of friends who may be attending BIS:

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Any concerns your child has about coming to Birkdale Intermediate?

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Any other important information you feel we should know:

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Have you enrolled your child at any other schools? Yes/ No. If so, please let us know as early as possible if you plan to withdraw your child's enrolment from BIS. This allows us to plan accurately for 2022 class placement.

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- I give permission for my child to attend local walks under the supervision of a teacher during school time.
- I understand my child's image may be captured as part of their school experience. (Photos may be used for school purposes such as (but not limited to) school prospectus and year book, on our website, our school face book page and in the newsletter.)
- I am aware that the school's policies are on the website for me to access.
- I understand I need to provide a copy of the following documents to the office before my enrolment will be confirmed: Birth Certificate or Passport, Proof of Address and immunisation certificate.

