



**PAPATOETOE INTERMEDIATE
SCHOOL**
ENROLMENT FORM
20____

For office use - **Year 7 / 8** Room _____

Edge Serial Number

Start date :

Out of Zone Priority

2 3 4 5 Ballot

NSN Number

PRIVACY STATEMENT

The personal information being collected on this form is for school management and statistical reporting purposes. It will not be disclosed for any other purposes except in accordance with the Privacy Act 1993. You have the right under the Act to access and seek correction of the information from the school.

Some specific information may be shared with other agencies [e.g. School Social Worker, District Health Board: e.g. Publish Health Nurse/Dental Clinic]. This is noted as you complete the form.

Additionally, addresses will be passed on to secondary schools requesting in-zone information and for Board Election purposes.

STUDENT DETAILS

LEGAL SURNAME	
PREFERRED SURNAME	
FIRST NAME	
SECOND NAME/S	
PREFERRED FIRST NAME	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
DATE OF BIRTH	Birth Certificate attached <input type="checkbox"/>
HOME ADDRESS <i>[Proof of address provided – current utility account or rental agreement]</i>	<input type="checkbox"/>
LANDLINE PHONE NUMBER	
MOBILE PHONE NUMBER	
EMAIL <i>[School correspondence will be emailed to this address]</i>	
PREVIOUS SCHOOL	
ETHNICITY	
MAIN LANGUAGE SPOKEN AT HOME	
COUNTRY OF BIRTH	
If not NZ born – arrival date in New Zealand	
If MAORI – state IWI AFFILIATION	
TIRONUI TRUST	My child plays an instrument as part of the Tironui Trust <input type="checkbox"/>

ADDRESS OF CONVENIENCE – Use of false addresses or ‘addresses of convenience’, if discovered, risk having their children/ren’s enrolment cancelled.

PARENT/GUARDIAN DETAILS

Parent/Primary Legal Guardian Relationship to Student _____

Title ____ First Name _____ Surname _____

Occupation _____ Work Phone _____ Cell _____

Home Address – Same as student address

Parent/Secondary Legal Guardian Relationship to Student _____

Title ____ First Name _____ Surname _____

Occupation _____ Work Phone _____ Cell _____

Home Address – [if different from Student address- please include Postcode]] _____

Emergency Contact Details [Other than parent/legal guardian and their relationship to the Student] _____

Title ____ First Name _____ Surname _____

Home phone _____ Work Phone _____ Cell _____

In the case of an emergency or if a child is needing to be collected from school – if we are unable to contact any of the people listed the school will contact – Medical Professional or the Police or Oranga Tamariki.

ACCESS/PROTECTION ORDERS

Is anyone denied access to your child : Yes No

Is there a Protection Order in place: Yes No

If 'yes' to either 'access denial' or 'protection order' please state who and supply any relevant documents:

_____ Relevant documents attached - Yes / No

STUDENTS WHO ARE NOT NEW ZEALAND CITIZENS

Students who are NOT New Zealand Citizens OR are Students of Migrant legal guardians Please supply passport and any other relevant documents

N.Z. Citizen		Yes	No	OR	Permanent Resident		Yes	No
OR	Student Permit and expiry date	Yes	No	Yes	No	Expires on -		
	Legal Guardians Work Permit and expiry date	Yes	No	Yes	No	Expires on -		
	Student has Refugee Status	Yes	No	Yes	No	Please supply document		

MEDICAL

Medical Details
Medical Conditions and associated procedures [if any] _____
Severity of the above medical condition: <i>Please tick</i> <input type="checkbox"/> Low risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Contact Caregivers <input type="checkbox"/> Emergency Care required
Other
Please supply details of any condition that may call for special steps to be taken _____
Vaccination Notification <input type="checkbox"/> Copy of Well Being Booklet or letter from Doctor showing that your child has been immunised with the MMR Vaccination and that immunisations are up to date

MEDICAL PERMISSIONS

REQUEST	YES	NO
Can we administer Paracetamol if required?		
Can we administer Ventolin?		
Can we administer First Aid?		
Can we seek appropriate Medical Assistance if required [e.g. ambulance]?		

OTHER PERMISSIONS

- *We request permission for medical information to ensure safety and medical management for your child.*
- *We request permission to gather and share custody and legal orders with specified school staff to ensure the safety of your child.*
- *From time to time the school publishes student work and images/videos of students engaged in activities connected with the school.*

This is for educational purposes and to promote the school within the wider community and may be in print [school newsletters or local newspaper], on the school website or online.

Students will only be identified by their first name and/or a year at school and/or class as appropriate. If a child's caregiver(s) object to a particular image or example of work published by the school they can contact the school to decide whether it should be removed.

Declaration

I authorise Papatoetoe Intermediate School to publish [in print or online] images/video of the named student, as well as any work that she/he may create at school.

I agree that this consent shall continue until I withdraw my consent by notice to the school or the student permanently leaves the school, whichever is sooner.

Yes No

- *I understand that Papatoetoe Intermediate School does not accept responsibility for loss or damage to personal property (either my child's property or damage to other people's property caused by my child) and that it is my responsibility to check my own insurance policy.*

Yes No

- *I agree to supporting my child to follow the rules and expectations at Papatoetoe Intermediate School. These include – Behaviour, Uniform, Digital Technology, School Environment and Property.*

Signed : _____

Date : _____

Papatoetoe Intermediate School

Document Checklist:



Enrolment forms

Please provide ONE of the following eligibility documents.

Eligibility	Document Required:
NZ Citizen	<ul style="list-style-type: none">● NZ Birth Certificate (stating citizen at birth) <p style="text-align: center;">OR</p> <ul style="list-style-type: none">● Current NZ Passport <p style="text-align: center;">OR</p> <ul style="list-style-type: none">● NZ Citizenship Certificate
NZ Resident	<ul style="list-style-type: none">● Copy of passport and resident visa
Student Visa	<ul style="list-style-type: none">● Copy of current student visa and passport information AND● Copy of one parents current work visa and passport information

Proof of address in the name of the legal guardian. Please provide TWO of the following if applying **in zone**. *(Please note that the residential address of the LEGAL guardian is the address that will be used for enrolment).*

Living Situation	Document Required:
Homeowner	<ul style="list-style-type: none">● Copy of utility account (Power, Gas, Water rates, Council rates) <i>(In the name of the legal guardian)</i>
Renting	<ul style="list-style-type: none">● Copy of Tenancy agreement <i>(In the name of the legal guardian)</i>
Temp housing	<ul style="list-style-type: none">● Letter from Housing NZ or other relevant government agencies.

If you are unable to provide one of these documents, please contact the office to discuss what steps you need to take to apply in zone to Papatoetoe Intermediate School.

Latest school report and any other relevant educational documentation

Student Immunisation Record and any other relevant health documents

Custody/Protection order if applicable

