



**PAPATOETOE INTERMEDIATE
SCHOOL**

**ENROLMENT FORM
20_____**

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

Enrolment continues from year to year with students remaining with their age group. If students need to be placed in a year group, the cut-off date is 30th June [e.g. overseas enrolments]

Edge Serial Number _____

NSN Number _____

Start date : _____

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. Public 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	
LEGAL FIRST NAME		PREFERRED FIRST NAME	
SECOND NAME/S			
DATE OF BIRTH <i>(Birth Certificate attached)</i>		PREFERRED GENDER	
MAIN LANGUAGE SPOKEN AT HOME		OTHER LANGUAGES SPOKEN AT HOME	
ETHNICITY/S			
If MAORI – state IWI AFFILIATION			
COUNTRY OF BIRTH		If not NZ born – arrival date in New Zealand	
PREVIOUS SCHOOL			
If your child plans to bring their mobile phone to school can you please provide your child's mobile phone number:			

PARENT/GUARDIAN DETAILS *(If you are not the birth parent of the enrolling student, documentation must be provided stating you are the legal guardian)*

Parent/Primary Legal Guardian Relationship to Student _____

Title _____ First Name _____ Surname _____

Cell _____ Home phone _____

Occupation *(Optional)* _____ Work Phone _____

Do you consent to being contacted regarding how your profession may assist our school?

Email address (required) _____ *[School correspondence will be emailed to this address]*

Home Address _____

[The above address must be the address the student resides at]

Parent/Secondary Legal Guardian Relationship to Student _____

Title _____ First Name _____ Surname _____

Cell _____ Home phone _____

Occupation *(Optional)* _____ Work Phone _____

Do you consent to being contacted regarding how your profession may assist our school?

Home Address _____

[if different from Student address- please include Postcode]

EMERGENCY CONTACTS – (Other than parent/legal guardian)

Emergency Contact Details	Relationship to Student _____
Title _____	First Name _____ Surname _____
Home phone _____	Work Phone _____ Cell _____

Emergency Contact Details	Relationship to Student _____
Title _____	First Name _____ Surname _____
Home phone _____	Work Phone _____ Cell _____

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

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.

Does your child have or have had a sibling at Papatoetoe Intermediate School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child play an instrument as part of the Tironui Trust at Primary School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PREVIOUS SUPPORTS

Has your child ever accessed learning or other supports at primary school? (please tick if they have received any of these)						
ESOL <input type="checkbox"/>	Refugee <input type="checkbox"/>	RTL B <input type="checkbox"/>	MOE <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech/Language <input type="checkbox"/>	
ICS <input type="checkbox"/>	Behaviour <input type="checkbox"/>	Other (please state) _____				
If yes to any of the above, do you think your child will continue to require this support?						<input type="checkbox"/> Yes <input type="checkbox"/> No

ACCESS/PROTECTION ORDERS

Is anyone denied access to your child:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Protection Order in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Relevant documents attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If ‘yes’ to either ‘access denial’ or ‘protection order’ please state who and supply any relevant documents:			

PLEASE NOTE – We cannot restrict access to legal guardians without a court order.			

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											
<u>N.Z. Citizen</u>	Yes		No		OR	<u>Permanent Resident</u>	Yes		No		
OR	Student Permit and expiry date				Yes		No	Expires on -			
	Legal Guardians Work Permit and expiry date				Yes		No	Expires on -			
Student has Refugee Status				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 _____ _____	
<p><u>Vaccination Notification</u> <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</p>	

MEDICAL PERMISSIONS

REQUEST	YES	NO
In an Emergency School May Act on Behalf of Parents/Guardians		
School May Administer Pain Relief		

Mana Kidz provide a nurse led health service at Papatoetoe Intermediate School to perform health checks to help support your child’s needs, including but not limited to, throat, skin, hearing, and vision concerns.

Do you give consent for your child to be seen by the Mana Kidz Public Health Nurse if required? Yes No

DIETARY REQUIREMENTS

Please select your child’s dietary requirements from the options below (please select 1 option):

Standard Halal Dairy Free Gluten Free Vegetarian No beef or pork

OR

I do not consent for my child to receive food/lunches through the school

Please indicate if you child has a food allergy:

OTHER INFORMATION

What are your child’s strengths / interests / talents:

Is there any other information you feel Papatoetoe Intermediate School needs to know about your child?

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.
- 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

PHOTO PERMISSION

- 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

PREVIOUS RECORDS

- We request permission to contact the enrolling students' most recent previous school to assist with transition and class placement.
I give permission for Papatoetoe Intermediate School to contact my child's previous school for transitional data and information.

Yes No

GOOGLE PERMISSION

- Papatoetoe Intermediate School provides digital learning for all students via Google Apps for Education. Through our online classrooms, your child is able to access their learning from home in the event of a Lockdown or illness. G-suite (Google) accounts are created for all students upon enrolment. In addition, for educational purposes, teachers may ask students to use their Google logins to create accounts or download apps outside of the core Google suite and from 3rd parties. I agree for my child to have a google account created and to access the school's internet.

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.
 Yes No

Parent/Caregiver Name: _____

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) OR ● Current NZ Passport OR ● NZ Citizenship Certificate
Australian Citizen	<ul style="list-style-type: none"> ● Australian Passport
Cook Island, Tokelau, Niuean Citizen	<ul style="list-style-type: none"> ● Birth Certificate (Cook Island, Tokelau, Niue) OR ● Certification of Naturalisation (Cook Island, Tokelau, Niue) OR ● Certification of Registration (Cook Island, Tokelau, Niue) OR ● Letter of Confirmation (Cook Island, Tokelau, Niue)
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

