

PAPATOETOE INTERMEDIATE SCHOOL ENROLMENT FORM

2026

Office Use Year Level 7 8	
Enrolment continues from year to year with students remaining with their age [e.g. overseas enrolments]	group. If students need to be placed in a year group, the cut-off date is 30 th June
EDGE Serial Number:	NSN Number:
Start Date:	Zoning Status:
Students will not start school on the day they enrol. Our students start when the leader, a teacher and class has been selected based on their needs, they have few days to organize. Our students usually start the first day of the week follows:	e a chance to get uniform, and lunches can be organized for them. All this takes a
PRIVACY STATEMENT The personal information being collected on this form is for school manag t will not be disclosed for any other purpose except in accordance with th correction of the information from the school.	
Some specific information may be shared with other agencies [e.g. Schoo This is noted as you complete the form.	l Social Worker, District Health Board: e.g. Public Health Nurse/Dental Clinic].
Additionally, addresses will be passed on to secondary schools requesting	g in-zone information and for Board Election purposes.
STUDENT DETAILS	
Legal Surname:	Legal First Name:
Preferred Surname:	Preferred First Name:
(If different from above)	(If different from above)
Second/Middle Name/s:	
Date of Birth:	Preferred Gender:
Students Residential Address:	
Student Mobile Number:	
If your child plans to bring their mobile phone to school, can you p	
Ethnicity/s:	
wi:	
(If Māori please state which iwi/s your child is affiliated with)	
Primary Language	Other Language/s
Spoken at Home:	Spoken at Home:
Country of Birth:	Country of Citizenship:
f Not Born in New Zealand Please State Date of Arrival to New Zea	aland:
Most Recent School Attended:	
Eligibility Criteria: Please tick which criteria applies to your child:	
☐ New Zealand Citizen	☐ New Zealand Resident
□ Visa Holder	□ Refugee

(Please provide your child's birth certificate and/or any passport and visa documents to support their eligibility to attend school in New Zealand. More details about these documents are on the Enrolment checklist on page 6.)

CAREGIVERS

Address of Convenience – Use of false addresses or 'address of convenience', if discovered, risk having their child's enrolment cancelled.

PARENT/PRIMARY LEGAL GUARDIAN (If you are not the birth parent stated on the birth certificate of the enrolling student, documentation must be provided stating you are the legal guardian) Relationship to Student: ___ _____ Surname: ___ _____ Work Phone #: _____ Occupation: ____ (Optional) Do you consent to being contacted regarding how your profession may assist our school? Yes □ No □ ____ Cell Phone #: ___ Home Phone #: __ Email Address: (Required – School Correspondence will be emailed to this address) Home Address: ____ PARENT/SECONDARY LEGAL GUARDIAN Relationship to Student: ___ ____ Surname: ___ _____ Work Phone #: ___ Occupation: (Optional) No 🗆 Do you consent to being contacted regarding how your profession may assist our school? Yes \Box Home Phone #: _____ Cell Phone #: ___ Email Address: ___ Home Address: ___ **EMERGENCY CONTACT 1** (Other than parent/legal guardian) Relationship to Student: ____ _____ First Name: ___ Title: _____ Surname: ____ _____ Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____ **EMERGENCY CONTACT 2** (Other than parent/legal guardian) Relationship to Student: ____

PERMISSION TO COLLECT STUDENT

Title: _____ Surname: __

Please list any other people who have permission to collect your child from school – we will not release your child to anyone who is not listed on our student management system.

_____ First Name: ___

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 above the school will contact – Medical Professional or the Police or Oranga Tamariki.

ACCESS/PROTECTION ORDERS								
Is anyone denied access to your child?	Yes		No					
If 'Yes', is there a Protection Order in Place?	Yes		No					
If 'Yes' to any of the above, please state who is of PLEASE NOTE – We cannot restrict access to legal go					relevant docu	ments.		
MEDICAL CONDITIONS AND ALLERGIES								
Please list any medical conditions or procedure	es your cl	nild has	s (if any).					
			Severity of the medical condition (please tick one)					Has this medical condition
Medical Condition / Allergy			Low ris	sk	Moderate risk	Contact Caregivers	Emergency Care Required	been diagnosed by a medica professiona
								Yes / No
								Yes / No
								Yes / No
								Yes / No
Please state any special steps that need to be t	aken for	the abo	ove condit	tion/s				
Please provide any medical notes related to the	e above n	nedical	conditio	n/s				
IMMUNISATION RECORDS								
Is your child up to date with their immunisation (Please provide a copy of your child's Well Being Book		Yes r from y		No docto		child's immunisa	ation status)	
MEDICAL PERMISSIONS								
In the case of an emergency do you give conser	nt for Pap	atoeto	e Interme	diate	School to act	on your behal	f? Yes □	No 🗆
Do you give permission for the school to admin	ister Pan	adol fo	r pain reli	ef?		Yes □	No 🗆	
Mana Kidz provide a nurse led health service at needs, including but not limited to, throat, skin						health checks	s to help suppo	ort your child's
Do you give consent for your child to be seen by	y the Man	a Kidz	public he	alth n	urse if require	ed? Ye	es 🗆 No	

r touse select your criticas dictary requirement from the options below (please select 1 option).
Standard
I do not consent for my child to receive food/lunches through the school \Box
Please indicate if your child has a food allergy:
PREVIOUS SUPPORTS Has your child ever accessed learning or other supports at their previous school? (Please tick if they have received any of these)
ESOL Refugee RTLB MOE Hearing Speech/Language
ICS Behaviour Other (please state)
If 'Yes' to any of the above, do you think your child will continue to require this support?
Please provide any documentation you may have regarding additional supports your child receives.
OTHER INFORMATION
Does your child currently have or previously had a sibling at Papatoetoe Intermediate School?
Please list any siblings who have/are attending Papatoetoe Intermediate School:
Does your child play an instrument as part of the Tironui Trust at Primary School? Yes D No D
Is there any other information you feel Papatoetoe Intermediate School should know about your child to support their transition to our school?
(e.g. strengths, interests, talents etc.)

PERMISSIONS We request permission for medical information to ensure safety and medical management for your child. Yes □ No \square We request permission to gather and share custody and legal orders with specified school staff to ensure the safety of your child. 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 \square 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 □ **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. Student's 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. I authorise Papatoetoe Intermediate School to publish [in print or online] images/videos 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 student's 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 \square **GOOGLE PERMISSION**

Papatoetoe Intermediate School provides digital learning for all students via Google Apps for Education.

Through 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 Google suite and from 3rd parties.

I agree for my child to have a google acco	unt crea	ited a	nd to access the school's internet.
Yes		No	

Parent/Caregiver Name:		
Signed:	Date:	

DOCUMENT CHECKLIST

□ Enrolment Form		Enro	lment	Form
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☐ Please provide the relevant eligibility document/s

ALL ENROLMENTS REQUIRE A COPY OF THE STUDENT'S BIRTH CERTIFICATE

Eligibility	Document Required
NZ Citizen	 NZ Birth Certificate (stating citizen at birth) OR Current NZ Passport OR NZ Citizenship Certificate
Australian Citizen Cook Island, Tokelau, Niuean Citizen	 Australian Passport 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	
Student visa	Copy of current student visa and passport information AND Copy of parents work visa and passport information

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

Living Situation	Document Required
Homeowner	© Copy of utility account (Power, Gas, Water rates, Council rates) (In the name of the legal guardian)
Renting	© Copy of Tenancy Agreement or utility account (In the name of the legal guardian)
Temporary Housing	☞ 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.

\square Latest school report and any other relevant education documents or supports your child receives	
□ Student Immunisation Record and any other relevant health documents	
□ Custody/Protection order if applicable	