

ENROLMENT FORM FOR 2021

Students Surname:	<input type="text"/>	Entry Level:	Year 7 / Year 8
First Names:	<input type="text"/>	Gender:	Male / Female
Preferred Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Street Address:	<input type="text"/>		
Application Type <i>(please tick)</i>			
In Zone	<input type="checkbox"/>		
Out of Zone	<input type="checkbox"/>		
Previous School:	<input type="text"/>		
Ethnic Group <i>(please tick)</i>	NZ Maori	NZ European	Chinese
	Indian	Samoan	South African
	Other <i>(please specify)</i>		
Iwi (if applicable)	<input type="text"/>		
Names of family members connected to Te Awamutu Intermediate: State name and relationship:			
<input type="text"/>			

§ **Please attach copies of family or custodial information e.g. CYF Involvement / Court Order / Non-Contact details**

§ **Please attach a copy of the child's BIRTH CERTIFICATE or PASSPORT / Please give at least 2 contacts**

§ **Please attach a copy of the child's Immunisation Certificate**

FAMILY INFORMATION					
Mother / Caregivers Name:					Title: Mrs / Miss / Ms
Home address <i>(if different from above)</i>					
Contact details	Home Ph:		Work Ph:		
Email:			Mobile:		
Occupation:			Workplace:		
Father / Caregivers Name:					
Home address <i>(if different from above)</i>					
Contact details	Home Ph:		Work Ph:		
Email:			Mobile:		
Occupation:			Workplace:		
Emergency Contact Name: <i>(other than parents/caregivers above)</i>					
Relationship to Child:				Phone:	
Student lives with: <i>(please tick)</i>	Both parents	Mother	Father	Caregiver 1	Caregiver 2

HEALTH, MEDICAL & PERSONAL			
Health concerns?			
Severity : <i>(please tick)</i>	Mild	Moderate	Severe
Regular medications?			
Immunisation:	My child is fully immunised Yes / No Copy of immunisation status attached Yes / No		
Doctor:			Phone:
Medical Centre:			
I give permission for my child to be administered <u>one</u> paracetamol if required		Yes	No
I give consent for my child to be administered an inhaler if required		Yes	No
Signature of Parent / Caregiver:		Date:	
STUDENTS BORN OUTSIDE NEW ZEALAND MUST COMPLETE THE FOLLOWING			
NOTE: For all students not born in New Zealand, their original documentation (passports/visa) must be presented to the school office with this enrolment form. The enrolment cannot be accepted until the documentation is shown.			
Country of Birth:		Date of Entry to NZ:	
Status – Please tick one			
NZ Citizen	NZ Resident	International Student	Student / Visa Permit
Visa Expiry Date :		Passport Number :	
DECLARATION			
<p>I / we understand that Te Awamutu Intermediate School will take action with sudden illness or injury providing they cannot contact the parents / caregivers.</p> <p>I / we will advise the school of any change in contact details immediately so that contact in the case of sudden illness or injury is possible.</p> <p>I / we will advise the school should our child be absent from school either by phone or text.</p> <p>I / we will advise the school and give permission should medication be required at school.</p> <p>I / we agree that my child will be dressed in correct school uniform as outlined in the Te Awamutu Intermediate Prospectus, this includes expectations for hair and jewellery and correct footwear.</p> <p>I / we will support the behaviour management programme and adhere to all requirements as outlined in the Prospectus. I / we will share the responsibility of my / our child's behaviour while he / she is at Te Awamutu Intermediate School.</p> <p>I / we expect to be contacted by the school regarding any problems and I / we undertake in return to inform the school of matters which may affect his / her welfare.</p> <p>In terms of the Privacy Act, I / we understand that the information on this form is collected to form part of the essential information Te Awamutu Intermediate School holds on my child. I / we approve of Te Awamutu Intermediate obtaining information from my child's previous school and forwarding information to the next school.</p>			
Signature of Parent / Caregiver:		Date:	

OFFICE TO COMPLETE									
STARTED:		ROOM:		YEAR:	7	8	GOOGLE/EMAIL SETUP DONE:		
NSN:					ON SM:		ON ENROL:		
HOUSE:	Waipa	Waikato	Mangapiko	Puniu	STAFF SIGNED:				
IN ZONE?	Y / N	PRIORITY 1	PRIORITY 2	PRIORITY 3	PRIORITY 4	PRIORITY 5	PRIORITY 6		