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| Entry Date: | Y7 <u>or</u> Y8 | OTUMOETA INTERMEDIATE SCHOOL Enrolment Form 2017 | In Zone <u>or</u> Out of Zone | Office Use Only Dental Clinic/ Library Classroom Teacher |
|-------------|--------------------|---|----------------------------------|--|

STUDENT'S SURNAME _____ PREVIOUS SCHOOL: _____

FIRST NAME(S) _____ PREFERRED NAME: _____

SEX: Male / Female DATE OF BIRTH _____ COUNTRY OF BIRTH: _____

STUDENT CELLPHONE NO: _____ STUDENT EMAIL: _____

IF STUDENT IS NOT BORN IN NZ, PLEASE COMPLETE PASSPORT DETAILS ON REVERSE

FULL NAMES OF PARENT/S OR LEGAL GUARDIAN STUDENT IS LIVING WITH:

CAREGIVER 1: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ Telephone (work): _____ Mobile: _____

OCCUPATION: _____ PLACE OF WORK: _____

EMAIL: _____

CAREGIVER 2: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ TELEPHONE (work): _____ MOBILE: _____

OCCUPATION: _____ PLACE OF WORK: _____

EMAIL: _____

FULL NAMES OF PARENT/S OR LEGAL GUARDIAN STUDENT IS NOT LIVING WITH:

CAREGIVER 3: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ Telephone (work): _____ Mobile: _____

OCCUPATION: _____ PLACE OF WORK: _____

THEIR APPROVAL OF THIS ENROLMENT HAS BEEN GIVEN YES NO

ALTERNATIVE LOCAL EMERGENCY CONTACT: MR/MRS/MISS/MS

FULL NAME: _____

RELATIONSHIP TO STUDENT: _____ TELEPHONE: _____

CULTURAL IDENTITY: NZ European, Other European, NZ Maori, Samoan, Cook Island Maori, Tongan, Fijian, Niue, Tokelauan, Other Pacific Island Groups, South East Asian, Chinese, Indian, Other Asian, All Other (please state) _____

If you ticked NZ Maori, please state Iwi: Iwi 1: _____

Iwi 2: _____

Iwi 3: _____

FIRST LANGUAGE: _____ LANGUAGE SPOKEN AT HOME (if different): _____

NEW ZEALAND PASSPORT NUMBER: _____

If student NOT born in New Zealand, please provide us with a copy of:

NZ PASSPORT HOLDER – Expiry Date: _____

GUARDIAN WORK PERMIT – Expiry Date: _____

PERMANENT RESIDENCE PERMIT – Expiry Date: _____

VISITOR'S VISA STATUS – Expiry Date: _____

STUDENT VISA STATUS – Expiry Date: _____

Copy of document provided YES NO

DOMESTIC ESOL STUDENT

Student with English as a second language YES NO

Student has NZ Residency Visa YES NO

PERSONAL DETAILS Doctor (or Medical Centre) _____ Telephone _____

Please detail any Medical history/condition that the school should be aware of: _____

Mild Moderate Severe (please tick) Medication (details) _____

Serious Health Problems: _____

Any home situation that the school should be aware of: _____

Background information on school achievement (any information you can provide as caregivers will be helpful for class placement):

Reading Level: _____ Mathematics Level: _____

Interests: Sports: _____

Cultural: _____

If you wish to provide additional information concerning your son/daughter, please feel free to attach a supporting statement.

Is your child currently suspended from a school? YES NO

PLEASE NOTE:

The school is sometimes obliged by law to give information to Government Departments (eg, Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

From time to time the school takes photographs of pupils to record activities within the school for the pupils' learning journals, for the school newsletter and for the school website. It is the school's policy that any photos for publication are either positive depictions of the children/young people or the photographs are taken in such a way to avoid identification. Please advise the school if you have any concerns about publication of your child's photo.

I/We wish to enrol our son/daughter for 2017 and hereby authorise Otumoetai Intermediate School to obtain relevant details from his/her previous school to assist in forming classes. We will also allow information to be communicated to any future school he/she may attend. I consent to my child having Community Health Vision screening during their Year 7. We acknowledge that at times the school may need to take rapid action for our child's welfare, without recourse to us. We will support the school rules (kawa) and discipline procedures as a condition of enrolment. We have read and support the school's expectations as outlined in the school information book and school website: www.otuinter.school.nz.

SIGNATURE: _____ DATE: _____
Parent / Guardian