

1. ENROLMENT INFORMATION:

State Date: 2/2/2027

Year 7 ☐ 8 ☐

Enrolment Scheme Category: ☐ In Zone *(Please complete section 9. (Please visit our website for enrolment scheme information))*

☐ Out of Zone (See categories below) **(Please also complete the Out of Zone Application Form**

1. Siblings – current ☐ 2. Siblings – former ☐ 3. Employee Child ☐ 4. Other ☐

2. ELIGIBILITY (*enrolment is dependent on receipt of a copy of: a Birth Certificate or NZ Passport (please attach)*)

STUDENT'S SURNAME (*Legal*):

GENDER:

FIRST NAME(S) (Legal):

DATE OF BIRTH: / /
day month year

PREFERRED NAME/S:.....

COUNTRY OF BIRTH:

PREVIOUS SCHOOL:

STUDENT MOBILE: STUDENT EMAIL:

☐ I/We request permission for our child to bring their cellphone to school and agree that it will be handed to the teacher each morning to be secured in the safe for the day, in accordance with the school's protocols.

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

CAREGIVER 1: MR/MRS/MISS/MS/DR SURNAME:.....

FIRST NAME: RELATIONSHIP TO STUDENT:

STREET ADDRESS & SUBURB: POSTCODE:

TELEPHONE: (Home) (Work) (Mobile)

EMAIL:

OCCUPATION: _____ PLACE OF WORK: _____

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

FIRST NAME: RELATIONSHIP TO STUDENT:

ADDRESS:

TELEPHONE: (Home) (Work) (Mobile)

EMAIL:

OCCUPATION: PLACE OF WORK:

Who are the Legal Guardians for the enrolling student?

NAME OF PERSON(S) FOR MAIL TO BE SENT TO:

POSTAL ADDRESS (if different from above)

OFFICE USE: Birth Cert/Passport ☐ Additional Info ☐ Visa Documents ☐ Proof of Address ☐

PARENTS/CAREGIVERS EMAIL/S ADDRESS FOR NOTICES:

NOMINATED MOBILE/S FOR SCHOOL TO TXT NOTICES:

OTHER LOCAL EMERGENCY CONTACTS:

NAME RELATIONSHIP TO STUDENT: TELEPHONE.....

NAME RELATIONSHIP TO STUDENT: TELEPHONE.....

4. IF STUDENT WAS NOT BORN IN NEW ZEALAND: Please tick appropriate box and provide photocopies of your passport and appropriate document/visa:

☐ NEW ZEALAND CITIZEN

☐ OTHER PASSPORT: No

☐ NZ PASSPORT HOLDER Expiry Date

☐ VISITOR'S VISA STATUS Expiry Date

☐ PERMANENT RESIDENCE PERMIT Expiry Date

☐ STUDENT VISA STATUS Expiry Date

Country of Origin:

Date of first arrival in New Zealand:

Domestic ESOL Student: Student with English as second language

☐ Yes ☐ No

Student has NZ Residency Visa

☐ Yes ☐ No

5. CULTURAL IDENTITY (Please tick the appropriate box below)

NZ European ☐

NZ Māori ☐ Please state iwi(s):

Cook Island Māori ☐

Pacific Island ☐ Please state which Pacific Island:

Other ☐ If Other, please specify:

FIRST LANGUAGE: LANGUAGE SPOKEN AT HOME (if different)

6. CONFIDENTIAL:

Has your son/daughter been stood-down, suspended or excluded from a school? NO ☐ YES ☐

If yes, please provide further details:

IDENTIFY ANY PARTICULAR HOME SITUATION THE SCHOOL SHOULD BE AWARE OF:

OUTSIDE AGENCIES: Please specify if you have had any previous involvement with MOE Group Special Education i.e. ORS funding, Maternal Infant Child and Adolescent Mental Health Service (MICAMHS), Oranga Tamariki.

Other Agencies:

7. CONFIDENTIAL MEDICAL

RELEVANT MEDICAL DETAILS: (Please tick if any are applicable)

NONE ☐

Dr or Medical Centre: Phone Number:

☐ ALLERGY ☐ ASTHMA ☐ BEE/WASP STINGS ☐ DIABETES ☐ EPILEPSY ☐ HEART ☐ HEARING ☐ SIGHT

Details:

Any Medications:

Is your child fully immunised? Diphtheria/Tetanus/Whooping Cough/Polio/Hepatitis B at 6 weeks, 3 mths, 4 yrs ☐ Yes ☐ No

(5 mnths immunisations) MMR Measles, Mumps, Rubella at 4 years

☐ Yes ☐ No

8. SPORTS

Sibling PE house : ☐ **Charlton** (Green) ☐ **Burmester** (Purple) ☐ **Williamson** (Orange) ☐ **Jones** (Turquoise)

Please list any sport achievements of note, eg Representative Teams:

Parents/Guardians – our Sports Office relies on community help for Coaching, Team Management and Officials. Are you are interested in a support role for any of these sports?

☐ Yes ☐ No If yes, what sport and type of help:

Previous coaching experience:

.....

9 IN-ZONE RESIDENCE DECLARATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

For further information including our school zone map, please see our website www.otuinter.school.nz.

The Ministry of Education has advised that parents should also be aware of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, e.g.

- Renting accommodation in-zone on a short-term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience' with no intention to live there on an ongoing basis.

Before enrolment takes place (ie before attendance begins), if the School Board/Principal has reasonable grounds for believing that the given in-zone address will not be a genuine on-going living arrangement, the Board/Principal may withdraw any offer of a place which it may have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board / Principal may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board / Principal may annul the enrolment. This course of action is provided for under Section 110A of the Education Act 1989.

The Board requires at least one of the following pieces of documentation (to be dated within last six months) to accompany this enrolment for:

☐ Bank Statement

☐ Rental Agreement

☐ Power Account

☐ Telephone Account

☐ Gas Account

☐ Home Insurance Policy

PARENT/CAREGIVER NAME:

ADDRESS:

..... Postcode:

This is my permanent address: YES ☐ NO ☐

Length of time resided at this address: (Years) (Months)

Owner / Tenant (Signed)

10. ŌTŪMOETAI KĀHUI LEARNING SUPPORT REGISTER CONSENT FORM

Ōtūmoetai Intermediate School is part of a group of education providers that shares information to:-

- identify children and young people who might need additional learning support;
- ensure that the adults who work with children (eg teacher/aides) have the skills and resources they need to support them;
- decide what additional learning support would help children and young people, whether individually or in groups.

The Ministry of Education may use information on the register to allow them to plan ahead for numbers of staff and specialists and other services, types of support and funding.

- ☐ I agree to personal information about my child being included on the register and with information being shared with relevant agencies. .

.....
Parent's/Caregiver's Name

.....
Signature

.....
Date

11. CHECKLIST

To speed up the enrolment process, please use this check list to ensure you have attached all relevant documents to this application:

- ☐ Completed all pages of this enrolment form.
- ☐ Provided a copy of Student's Birth Certificate or NZ Passport.
- ☐ **If the student was not born in New Zealand**, provided a copy of passport and relevant documents / visas.
- ☐ Date of first entry into New Zealand completed **if applicable**.
- ☐ Completed up-to-date Medical Information.
- ☐ Read, completed and signed the Home Zone Residence Declaration.
- ☐ Provided a copy of proof of **in-zone** address.
- ☐ If not in zone, have also completed the Out of Zone Enrolment Form.

Thank you for your application for Enrolment

12. CONSENT

- ☐ I/We give permission for Ōtūmoetai Intermediate School to publish samples of work and images of my/our child on the school website, school newsletters, the internet, social media and other school publications. It is the school's policy that any photos for publication are either positive depictions of the children/young people or the photograph is taken in such a way to avoid identification. Please advise the school if you have any concerns about publication of your child's photo.
- ☐ The parent/s or legal guardian the student is not living with has given their approval of this enrolment.
- ☐ I/We give consent for this child to be given access at school to computers, the internet and other communication technologies.
- ☐ I/We give permission for Ōtūmoetai Intermediate School to obtain relevant details from his/her previous school to assist in forming classes. I/We also allow information to be communicated to any future school he/she may attend.
- ☐ I/we give permission for this child to undergo vision and hearing testing.
- ☐ I/we give permission for staff at Ōtūmoetai Intermediate to administer pain relief or other medication as listed on this child's records, if required.
- ☐ In the event of an accident or sudden illness, I/we authorise the staff of Ōtūmoetai Intermediate to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.
- ☐ I/We will support the school rules (kawa) and discipline procedures as a condition of enrolment. I/We have read and support the school's expectations as outlined in the school information book and school website: www.otuinter.school.nz.
- ☐ I/We acknowledge that all students are expected to wear the correct school uniform which includes PE uniform for PE, sports and fitness programmes.
- ☐ I/We request our child be allowed to bring a cellphone to school and we agree to comply with the rules for bringing a cellphone to school.
- ☐ All students are required to arrive at school on time for school at 8.45 am. Any absence is to be notified by the parent/caregiver by contacting the school as soon as possible.
- ☐ In signing this application for enrolment, I/We understand that the information in this application is true and correct.

I, have read, understood and accept the above.

Signed: Date:/...../.....