

# HOWICK INTERMEDIATE SCHOOL



## Out of Zone ENROLMENT FORM

( please print clearly )

| STUDENT'S DETAILS   |                                 |  |  |
|---|---------------------------------|--|--|
| Surname (Legal)   | First Name                      | Middle Name  | Preferred First Name / Surname                                   |
| Address   |                                 |  | Post Code  |
|   |                                 |  | Male <input type="checkbox"/><br>Female <input type="checkbox"/> |
| Home Phone  | First Language/Language at home | Other Languages  |  |
| Date of Birth dd/mm/yy<br>/ /   | Country of Birth                | Ethnicity  | If NZ Maori, Iwi   |
| PRIMARY CAREGIVER   |                                 | SECONDARY CAREGIVER  |  |
| Relationship to Student   |                                 | Relationship to Student  |  |
| First Name  | Surname                         | First Name   | Surname  |
| Address   |                                 | Address  |  |
| Post Code   |                                 | Post Code  |  |
| Home Phone  | Mobile Phone                    | Home Phone   | Mobile Phone   |
| Work Place  | Work Phone                      | Work Place   | Work Phone   |
| <b>EMAIL ADDRESSES - Please note that we email newsletters and notices to these addresses</b>   |                                 |  |  |
| Email Address   |                                 | Email Address  |  |
| Student Lives With: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> .....  |                                 |  |  |
| Are there any custody or other issues of relevance to the school? Yes / No (legal documentation required)   |                                 |  |  |
| EMERGENCY CONTACT 1 (not Caregiver 1 or 2)  |                                 | EMERGENCY CONTACT 2 (not Caregiver 1 or 2)                       |  |
| Name  | Phone No/s                      | Name   | Phone No/s   |
| Relationship to Student   |                                 | Relationship to Student  |  |
| PREVIOUS EDUCATION  |                                 |  |  |
| School last attended<br>(or currently attending)  |                                 |  | Class Level  |
| Parents/Siblings previously at Howick Intermediate  |                                 | Parent <input type="checkbox"/> Sibling <input type="checkbox"/> | Name   |
|   |                                 | Years Attended _____   |  |
| HEALTH INFORMATION  |                                 |  |  |
| Medical Conditions / Allergies<br>(please indicate MILD, MODERATE, SEVERE and attach relevant information)  |                                 |  | Medic Alert Register?<br>Yes / No                                |
| Special Needs / Learning Difficulties<br>(please indicate MILD, MODERATE, SEVERE and attach relevant information)   |                                 |  |  |
| Do you give permission for your child to be given a 'Panadol' if required?  |                                 |  | Yes / No   |
| Family Doctor   |                                 |  | Phone  |
| Is your child fully immunised? (Diphtheria/Tetanus/Whooping Cough/Polio/Hepatitis B at 6wks, 3 mths, 4 yrs )<br>(5 month immunisations) (MMR Measles, Mumps, Rubella at 4 yrs )                             |                                 |  | Yes / No<br>Yes / No   |
| FOR STUDENTS WHO HAVE NOT HAD THE MAJORITY OF THEIR SCHOOLING IN NEW ZEALAND  |                                 |  |  |
| Date of Arrival in NZ   |                                 | Level of English New Learner Some English Fluent                 |  |
| Status: Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Parent Work Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitors Visa <input type="checkbox"/> |                                 |  |  |
| Date of Visa Expiry   |                                 | Intended Length of Stay  |  |
| OFFICE USE ONLY   |                                 |  | Invoiced <input type="checkbox"/>                                |
| NON-NZ BORN STUDENTS Student & Parent Birth Certificate or Passport Sighted & Copied <input type="checkbox"/> Visa Sighted & Copied <input type="checkbox"/>  |                                 |  |  |
| Checked by:   | Confirm In/Out Zone:            | <input type="checkbox"/> NZ Birth Cert or Passport               |  |
| Entered by:   | Year Level:                     | Room:  | <input type="checkbox"/> School Report                           |
| Computer No:  | Start Date:                     | <input type="checkbox"/> ESOL                                    |  |

**IMPORTANT (SEE OVER)**

## DIGITAL LEARNING CLASSES

For your child to be included in one of the digital learning classes, you will need to supply him/her with a Chrome Book or Laptop for their daily learning. Refer to our website for specifications. If you would like your child to be included in one of the digital classes, please tick this box.

*Placement in one of these classes will be confirmed prior to your child's start date.*

## ENROLMENT DECLARATION

By signing this Enrolment Form, I declare that:

- The address and contact information that I have provided to the school will be the usual residence for this student when the school is open for instruction. I will advise the school of any subsequent changes of address or contact information.
- Howick Intermediate School has permission to publish the name of my child, their work, and images in forums such as the School Newsletter and Website. Please indicate: Yes  No
- Howick Intermediate School will take action on my behalf in case of sudden illness or injury.
- School policies and procedures will be abided by. These can be viewed on request.
- Students are expected to wear correct school uniform every school day and are expected to wear PE uniform for fitness and sports programmes.
- All students are required to arrive on time for the start of school at 8.35am. Any absence is to be notified to the school office by a caregiver promptly. Please phone the school as early as possible and leave a message.
- While due care is exercised, Howick Intermediate School cannot accept liability for personal injury, loss or damage to student's property.
- In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Howick Intermediate School holds on my child.
- I confirm that all information provided in this application is correct.

Signed .....(Parent/Caregiver)

Date.....

## PARENT CHECKLIST

Please ensure you attach the following with your completed enrolment form:

- Proof of Address – this must be a **current** electricity account, can be printed from email if you do not receive one in the post (not required for Out of Zone applications).
- Copy of student's birth certificate, if born in NZ.
- If not born in NZ, original passport must be sighted and copied by the School Office.
- Copy of student's most recent School Report.
- Legal documentation supporting access/custody arrangements.
- Documentation supporting medical conditions or learning difficulties.

***Please check that all areas have been completed on the enrolment form.***