

HOWICK INTERMEDIATE SCHOOL



ENROLMENT FORM

 IN-ZONE OUT-OF-ZONE

STUDENT DETAILS

 Male Female

Surname (Legal): _____
First Name (Legal): _____
Middle Name: _____
Preferred First Name/Surname: _____
Address: _____
Postal Code: _____
Home Phone: _____
Present School / Year Level: _____

Iwi (NZ Maori): _____
Date of Birth dd/mm/yy: _____
Country of Birth: _____
Ethnicity: _____
Nationality: _____
If not born in NZ, date of arrival in NZ: _____
Language spoken at home: _____
Other languages: _____

IMPORTANT:

Please indicate who the **FIRST** point of contact is for your child: Caregiver 1 Caregiver 2

Most communication with caregivers is via email and mobile phone. It is essential that the school is provided with a valid and current email address and mobile phone number where a message can be left.

CAREGIVER 1 DETAILS: Living with child: Yes No

Relationship to child: _____
Surname: _____ Title: _____
First Name: _____
Address: _____
Postal Code: _____

Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Company/Occupation: _____
Email: _____

CAREGIVER 2 DETAILS: Living with child: Yes No

Relationship to child: _____
Surname: _____ Title: _____
First Name: _____
Address: _____
Postal Code: _____

Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Company/Occupation: _____
Email: _____

Any custody issues the school needs to be aware of: Yes No (Legal documentation required)

EMERGENCY CONTACTS:

This information is very important should your child fall ill at school and we are unable to contact you. Please do not put your own name here. We need the name(s) of another person/persons we can reach in an emergency. In providing these emergency details I confirm I have advised them that the school could make contact in an emergency.

Emergency Contact 1 Relationship to child: _____
Name: _____ Surname: _____

Home Phone: _____
Mobile Phone: _____

Emergency Contact 2 Relationship to child: _____
Name: _____ Surname: _____

Home Phone: _____
Mobile Phone: _____

OFFICE USE ONLY	<input type="checkbox"/> In-Zone	<input type="checkbox"/> Out-of-Zone	<input type="checkbox"/> Medical	Year level:	Checked by:
<input type="checkbox"/> Copy of Birth Certificate or passport attached	<input type="checkbox"/> Proof of Address	<input type="checkbox"/> ESOL	Room:	Entered by:	
<input type="checkbox"/> Visa sighted and copy attached	<input type="checkbox"/> School Report	<input type="checkbox"/> SENCO	Start Date:	Enrolment number:	

MEDICAL INFORMATION

Medical Conditions / Allergies:

(Please attach relevant information)

Mild Moderate Severe

Is medication to be held at school? Yes No Medication:

Medic Alert Register

Yes No

Do you give permission for your child to be given Panadol if required?

Yes No

Family Doctor

Phone:

Is your child fully immunised? Diphtheria/Tetanus/Whooping Cough/Polio/Hepatitis B at 6 wks, 3 mnths, 4 yrs

Yes No

(5 month immunisations) (MMR Measles, Mumps, Rubella at 4 yrs)

Yes No

Special Needs / Learning Difficulties:

(Please attach relevant information)

Mild Moderate Severe

DIGITAL LEARNING

Digital learning is an integral part of our curriculum. Our students will require a Chromebook or laptop.

OUT OF ZONE ENROLMENTS

Parents/Siblings previously at Howick Intermediate:

Name: Parent Sibling

Name: Parent Sibling

PERMISSIONS

Please indicate whether Howick Intermediate School has permission to publish the name of your child, their work and images in forums such as the School Newsletter and Website. Yes No

Years attended:

Years attended

FOR STUDENTS WHO HAVE NOT HAD THE MAJORITY OF THEIR SCHOOLING IN NEW ZEALAND

Date of Arrival in New Zealand:

Level of English: New Learner. Some English Fluent

Status: Citizen Permanent Resident Student Visa Visitor's Visa

Intended Length of Stay:

Date of Visa Expiry:

DECLARATION

By signing this Enrolment Form, I declare that:

- I confirm that I have attached **all** the required documents; birth certificate/passport, latest school report, electricity bill/tenancy agreement as proof of address, medical/legal documents and valid visa(if applicable)
- 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.
- I understand that students accepted under the In-Zone criteria will be expected to remain within the school zone while attending the school. Howick Intermediate expects that children accepted as In-Zone students and subsequently moving out of the school zone will enrol at their new local school.
- Howick Intermediate School will take action on my behalf in case of sudden illness or injury.
- I understand that all students are expected to abide by school policies and procedures and that these can be viewed on request.
- I will ensure my child wears the correct school uniform every school day and PE uniform for fitness and sports programmes.
- I will advise the school before the start of the school day if my child is absent by leaving a message on the absence line or emailing absences@howickint.school.nz.
- I understand that 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 _____