

## HERETAUNGA INTERMEDIATE STUDENT ENROLMENT FORM

### STUDENT DETAILS

Legal Surname		Legal First Names	
Preferred Surname		Preferred First Name	
Date of birth	M / F	Current Year Level	
Address			
Suburb			
Evidence of Address			
Previous School			
Lives with	Place in Family	Sibling currently at Heretaunga	

### ETHNIC BACKGROUND

Country of Birth		Residency/Citizenship?	Yes / No
First language spoken at home		Entry Date to NZ	
Other languages spoken at home		Permit Expiry	
Ethnicity 1	Iwi	Marae	
Ethnicity 2	Iwi	Marae	
Ethnicity 3	Iwi	Marae	

### PARENT/CAREGIVER INFORMATION

<b>Caregiver 1</b> Primary Residence (Student's Main Residence)		<b>Caregiver 2</b>	
Relationship to student		Relationship to student	
Surname		Surname	
First Name		First Name	
Living with student at above address		Living with student at above address	
Yes / No		Yes / No	
Home	Work	Home	Work
Mobile	Occupation	Mobile	Occupation
Email address		Email address	
Country of birth		Country of birth	
Ethnicity	Language	Ethnicity	Language

### EMERGENCY CONTACTS (Secondary Caregivers, Grandparents, Aunty, Uncle, Friend)

**Must be different to caregivers above:** In the event we cannot contact either of the parents, who would you like us to contact?  
*These people need to be local please.*

Name		Name	
Home	Work	Home	Work
Mobile		Mobile	
Relationship to Student		Relationship to Student	

### CUSTODY

Custody or Parenting Agreement in place? Yes / No If yes, please attach relevant documentation and supply details below

Court Order issued? Yes / No If yes, please supply copy of court order and supply details below

<b>Office Use:</b>		ENROLMENT NO:	NSN:	<input type="checkbox"/> PRE-ENROLLED
START DATE:	YEAR	ROOM	TEACHER/S:	HOUSE
COPY OF BIRTHDATE VERIFICATION	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> COPY OF IMMUNISATION	<input type="checkbox"/> PROOF OF ADDRESS RECEIVED
<input type="checkbox"/> ESOL	<input type="checkbox"/> LEARNING SUPPORT		<input type="checkbox"/> DIGITAL CITIZEN AGREEMENT	<input type="checkbox"/> DENTAL FORM
NOTES:				
<input type="checkbox"/> ETAP	<input type="checkbox"/> ENROL	<input type="checkbox"/> ROLL	<input type="checkbox"/> REGISTER	<input type="checkbox"/> LSC
<input type="checkbox"/> TEACHER COPY	<input type="checkbox"/> DENTAL CLINIC	<input type="checkbox"/> DP		

## Other Information

Please list members of your family who are likely to attend this school in the future

1.	Birthdate	/	/	M / F
2.	Birthdate	/	/	M / F
3.	Birthdate	/	/	M / F

## Zoning

The address given at the time of application for enrolment must be the student's usual place of residence when 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 Heretaunga Intermediate School.

Before enrolment takes place (i.e. before attendance begins), if the board has reasonable grounds for believing that the given in-zone address will not be a genuine, ongoing living arrangement, the board may withdraw any offer of a place it might 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 application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining enrolment at the school, then the board may review the enrolment.

*I confirm that the address that I have provided to the school will be the usual place of residence of .....(student's name) when the school is open for instruction. I will advise the school of any*

*Subsequent change of address.*

*Signed:.....*

Complete if an Out of Zone Enrolment:

- Does the child have a brother or sister who is attending Heretaunga Intermediate School? Yes / No  
**If YES**, provide the brother's or sister's full name: .....
- Does the student have a brother or sister who has attended Heretaunga Intermediate School? Yes / No  
**If YES**, provide the brother's or sister's full name: ..... Year(s) .....
- Does the students have a parent who attended Heretaunga Intermediate School? Yes / No  
**If YES**, provide parent's full name: ..... Year(s) .....
- Is the Parent/Guardian of the student employed by Heretaunga Intermediate School or Board of Trustees member? Yes / No

## MEDICAL INFORMATION

Have you attached a copy of your child's Immunisation Certificate Yes /No / NA

Has your child had a B4 School check? Yes /No

Does your child suffer from	Medical Requirements	Yes / No
<input type="checkbox"/> Asthma	Inhaler/Spacer to be kept in the Office	Yes / No
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Other Medical conditions		
<input type="checkbox"/> Hearing concerns		
<input type="checkbox"/> Vision concerns		

Does your child need physical disability support? Yes / No If yes, please advise

## Doctor's Name and Medical Centre

Phone

## CHILD'S LEARNING PROFILE

Welcome to Heretaunga Intermediate,

We are looking forward to getting to know your child and whānau. So that we are better able to support your child it helps us to know something about them.

Please tell us if your child has any special interests or activities that they enjoy either at home or elsewhere. What do they like doing?

Do you have any concerns about your child's learning or development? Yes      No  
If yes, please tell us more.

Do you have any concerns about your child's behaviour at home or in other settings? Yes      No  
If yes, please tell us more.

Do you have any concerns about your child's social or emotional wellbeing? Yes      No  
If yes, please tell us more.

Is your child receiving or has received assistance from an outside agency?	Yes	No	Don't know / Not sure
<input type="checkbox"/> Resource Teachers of Learning and Behaviour (RTLB)			
<input type="checkbox"/> Ministry of Education (MOE)			
<input type="checkbox"/> Speech Language Therapist			
<input type="checkbox"/> Child, Adolescent and Family Services (CAF's)			
<input type="checkbox"/> Early Intervention			
<input type="checkbox"/> Oranga Tamariki			
<input type="checkbox"/> Paediatrician/ other Medical Professional			
<input type="checkbox"/> Child Development Service			
<input type="checkbox"/> ESOL support			
<input type="checkbox"/> SWiS (Social Worker in School)			
<input type="checkbox"/> Other			

If yes to any of the above, what is the name of the person you have dealt with?

Please tell us anything else you would like us to know about your child

Other Information or requests

### STUDENT PERMISSION

- I will:
- comply with the rules of the school
  - follow the School Whakawhanaungatanga
  - arrive on time
  - act with common sense and consideration of others
  - wear the uniform as set out in the school prospectus.

Student signature: ..... Date: .....

## PARENTAL PERMISSIONS

- I give permission to this school to use my child's photograph on the School website, newsletter, social media or other publicity material. My child's work and image may be used in accordance with the schools' online publishing policy/procedures; and that the school may forward my child's name and address to a potential intermediate or secondary school. NB: *In most situations when publishing student images and work, only first names will be used. Full names will be used in the school newsletter and sports results being shared etc. If you would not like a full name used please advise the school office.*
- I agree to this school collecting personal information on the below student for the purpose of that child's health, educational achievement, progress and the functioning of the school.
- I consent to the Public Health Nurse carrying out Vision, Hearing and General Health Checks on my child.
- Permission to Administer Paracetamol (Panadol or similar) if necessary - Yes / No
- Permission to share information: I agree to the school sharing/receiving information from agencies supporting my child
- Cell phones will only be used in accordance with the school's cell phone procedures, a copy of which is shared with all students at the beginning of the year.
- I agree to undertake to pay sums levied by the Board of Trustees by the date requested – Sports Fees, costs associated with camp, transport
- I agree that my child complies with the rules of the school as set out in the prospectus and procedures.
- Parent approvals.** I agree: that the school will take action on my behalf in case of sudden illness or injury; to abide by the school's policies;
- I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (name of student) accept that the staff and management of Heretaunga Intermediate School will act in the best interests of my child and of the school as a whole in making decisions in the day-to-day curriculum and programmes.
- I understand that my child is required by law to attend school and arrive on time, unless a satisfactory explanation is made to, and accepted, by the school.
- I give permission and understand that my child will be required to participate in trips and activities outside the classroom from time to time as part of the curriculum which may involve bus travel, transportation in the school van, staff or parent helper vehicles or walking to venues within a reasonable distance to Heretaunga Intermediate. I understand that I will be informed of these trips.
- I understand the use of the internet is an integral tool for learning at Heretaunga Intermediate School. I also understand my child will use and have internet access in their classroom. I will share the Student Digital Citizenship Agreement with my child, sign once discussed, and then return the copy to the school office.
- I agree to accept and uphold the policies and procedures of the school in the management of the day-to-day curriculum, and support the programmes by ensuring that my child is equipped to participate.

Signature

Signature

**Name (Parent/Caregiver)**

**Name (Parent/Caregiver)**

Date

Date

## CHECK LIST

Have you remembered everything? Without this information, your application cannot be considered. Before you submit this form, please ensure you have completed or attached the following:

- Enrolment form
- New Zealand Birth Certificate or NZ Passport or NZ Citizenship Certificate or Australian Passport (if first NZ School)
- Proof of Address (Utility bill is preferable)
- Immunisation Certificate
- Custody documentation (if appropriate)
- Student Digital Citizenship Agreement (this needs to be discussed with your child, signed and returned)