



OFFICE USE ONLY Previous Enrolment No./\_\_\_\_\_ MoE Enrol No./\_\_\_\_\_ Year:\_\_\_\_\_ Room: \_\_\_\_\_

Information Requested:\_\_\_\_\_ Student Number: \_\_\_\_\_ Date Started: \_\_\_\_\_

### STUDENT DETAILS

### PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Legal Surname:\_\_\_\_\_ First Names:\_\_\_\_\_ (please underline preferred name)

Gender: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_ Country of Birth \_\_\_\_\_

Ethnic Group \_\_\_\_\_ (Maori, NZ European, Pacific Island, Asian, etc)

Iwi affiliations (Tuwharetoa etc):\_\_\_\_\_ Siblings attended here \_\_\_\_\_

Student lives with ☐ Both Parents; or ☐ Mother; ☐ Father; ☐ Other; \_\_\_\_\_

Name of last School:\_\_\_\_\_ Year/Class \_\_\_\_\_

Date of last attendance:\_\_\_\_\_ Teacher's Name \_\_\_\_\_ Age started school \_\_\_\_\_

### CONTACT DETAILS – Name ALL Caregivers.

### An emergency contact must be supplied

**PRIMARY CAREGIVER:** Name: Mr/Mrs/Ms/Miss \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_ Does the child live here? Yes / No

Mail Address (if different) \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone(Hm): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone (Wk) : \_\_\_\_\_

**PRIMARY CAREGIVER:** Name: Mr/Mrs/Ms/Miss \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_ Does the child live here? Yes / No

Mail Address (if different) \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone(Hm): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone (Wk) \_\_\_\_\_

*NB. If a person is not named on the form, they are unable to request information or uplift student from school without your prior permission*

### Emergency Contact:

Name : Mr/Mrs/Ms/Miss \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address(Physical) \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Non custodial Parent:

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_ Relationship: \_\_\_\_\_

**Does this person have legal access to the student?: Yes / No** (if no – copies of legal documents are required)

Home Address (Physical) \_\_\_\_\_ Mail Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**A copy of Reports required for Non custodial parent: Yes / No** (postal / e-mail address to be supplied)

**P.T.O.**

## **SPECIAL INFORMATION**

Does your child have any **exceptional abilities / learning difficulties**? Please state: \_\_\_\_\_

Has your child received learning support at school? **YES / NO** - T.Aide; RTLB; ORRS; etc \_\_\_\_\_

Current school report attached: **YES / NO**

Copy of Birth Certificate **YES / NO**

<b>Who are the Legal Guardians?</b>		<b>Are there any Custody / Access arrangements?</b>	<b>YES / NO</b> <i>If Yes discuss confidentially with the Principal / Dean / Deputy Principal .</i> <i>Copies of legal documents are required for office</i>
<b>Is this an overseas enrolment?</b> Yes / No <b>Country of Citizenship:</b> _____	<b>Copy of Passport / Visa</b> Yes / No <b>Country of Issue:</b> _____		

Please circle if during the last 12 months your child has been:- Stood Down / Suspended / Excluded - Number of Days .....  
Has had attendance Issues: Yes / No

## **HEALTH & MEDICAL RECORD/INFORMATION**

**Name of Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*Any medical issues?:** \_\_\_\_\_

**\*Permission for the school to act in an emergency, should the need arise: YES / NO** [please circle one]

**\*We give the School permission to dispense PANADOL only when necessary YES / NO** [please circle one]

**\*Any difficulties with Hearing / Vision / Speech** Please state \_\_\_\_\_

**\*Are All Childhood Immunisations up to date?:** Diphtheria ☐ Tetanus ☐ Whooping Cough ☐ Polio ☐

Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B ☐ Immunisations - 11 Yr ☐ 12 Yr ☐

**\* If Prescription medication** is required to take at school for the student it is to be held at the School Office. **Please supply this medication – clearly named with instructions/permission as required.** \_\_\_\_\_

### **Information Privacy Act**

- I agree to Taupo Intermediate School collecting personal information and obtaining records/information from the previous school for the student enrolled on this form. The information is true and correct and may be used for statistical and/or research purposes in any way it will not identify me or any individual concerned. If found to be false by the School, then the School reserves the right to remove the child.
- I understand that the information I provide will be held on the Ministry of Education Website and accessed only by Taupo Intermediate School whose address is Kotare Street Taupo, and is used to assist with the provision of an education for this person. This information may be shared with Health, Educational and other authorised agencies, who may be involved, in further assisting this student. This information may be transferred to another school if the child moves.
- I am aware of the rights of access to, and correction of, this information.
- We have read the School Prospectus and will do all that we can to support our son/daughter in taking part fully in the life of the school.
- I accept responsibility for any loss or damage to school property by my child and will reimburse Taupo Intermediate School for reasonable replacement of such damage.

### **Parents are advised that:**

- In the case of students who have never been enrolled in a NZ school before, an Enrolment Record will begin for the student, and in the case of other students, their Enrolment Record will be requested from the student's previous school.
- When the student leaves the school to go to another school, the Enrolment Record will be updated and passed on to the student's next school.
- The school where the student is attending will hold the Enrolment Record information, and the parent can request a copy from the school and the Enrolment Record is made available to the Ministry of Education or its agents if requested for a specific purpose.

### **Use of Student Work and Appearances**

- At times the school publishes students' samples of work, and pictures including students, for the purpose of promoting and sharing learning, to communicate general information within our school and beyond to our wider school community.
- This gives the school the right to select any appropriate student's work or appearance to publish for the above purposes. You have the right to withdraw your permission at any stage and the material will be removed.

### **Parent/Caregiver Declaration**

- I/We agree that our child will at all times be subject to general discipline and rules of the School; that attendance will be regular; that the correct uniform will be worn and that donations levied by the Board of Trustees will be paid.
- I/We also consent for our child to access the internet for educational purposes. My child will follow the School's safety rules and Internet Policy.
- I/We give permission for my child to attend class trips within walking distance of the school.
- I/We agree to abide by the policies, codes of conduct and rules of Taupo Intermediate School as set in place and revised from time to time.

**\*Caregiver Signature** ..... **Date** .....

**Please advise the office immediately by phone / letter of any changes regarding your child's personal details.**

*Thank you for your enrolment.*