

WAIRAU INTERMEDIATE SCHOOL



Enrolment Form

Academic Year: 200____

Name: _____

Official use:

Year: 7 / 8

Home Group: _____

Enrolment Number: _____

ESOL Reference No. (if applicable) _____

Refugee Status: **Yes / No**

WAIRAU INTERMEDIATE SCHOOL

Becroft Drive, Forrest Hill, North Shore City 0620

Phone: (09) 4107805 Fax: (09) 410 7985

Email: wairaint@xtra.co.nz

Webstite: www.wairau.school.nz

STUDENT DETAILS

Surname: _____

First Names: _____

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: _____ Copy of Birth Certificate or Passport included: _____

Country of Birth: _____

Ethnicity: 1. _____ 2. _____ 3. _____

If NZ Maori please state Iwi: 1. _____ 2. _____

First Language: _____ Other Languages: _____

Date of Arrival in New Zealand (if born overseas): _____

MOTHER'S DETAILS

Surname: Mrs/Miss/Ms _____

First Names: _____

Address: _____

Occupation: _____

Phone (Home): _____ (Mobile): _____

(Work): _____ Email: _____

FATHER'S DETAILS

Surname: _____

First Names: _____

Address: _____

Occupation: _____

Phone (Home): _____ (Mobile): _____

(Work): _____ Email: _____

PRESENT / PREVIOUS SCHOOL

School Name: _____ Current Class Level: _____

Siblings attending/attended Wairau Intermediate: Name: _____

Current student: Home Group: _____ Year Level: _____ OR Previous student: Home Group: _____

CHILD LIVING WITH

Mother and Father:

Mother:

Father:

Caregiver:

Place in Family: _____ of _____

CAREGIVER'S DETAILS *(if not living with mother or father)*

Surname: (Mr/Mrs/Miss/Ms) _____

First Names: _____

Address: _____

Occupation: _____

Phone (Home): _____ (Mobile): _____

(Work): _____ Email: _____

EMERGENCY CONTACT *(not parent or caregiver)*

Surname: (Mr/Mrs/Miss/Ms) _____

First Name: _____

Phone (Home): _____ (Work): _____

(Mobile): _____

Relationship to Student: _____

HEALTH

Doctor: _____ Phone: _____

Medical Information or Conditions to Note: _____

I give the school permission to give my child paracetamol (panadol) if I cannot be contacted:

Yes:

No:

OTHER INFORMATION *(attach information or documentation as necessary)*

Custody Arrangements : Yes: N /A:

Access Restrictions: Yes: N /A:

Court Order: Yes: N /A:

Other Agencies Involved: Yes: N /A:

DECLARATION

I understand that Wairau Intermediate School will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I will advise the school and give permission should medication be required at school.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Wairau Intermediate School holds on my child. I approve of Wairau Intermediate School obtaining information from my child's previous school and forwarding information to the next school.

The records from this information may be viewed on request at the school.

I agree that my child will be dressed in the school uniform and abide by all the School Bylaws as outlined in the Wairau Intermediate School Information Pack.

I certify that all the information written in this enrolment form is accurate.

Signed: Parent _____ Date: _____

OR Caregiver _____ Date: _____

OFFICE USE ONLY

Birth Certificate or Passport sighted:

School Fee Payment made:

Receipt No. _____

Uniform ordered:

Copy of Current Class Report included:

Commencement date: _____

OFFICE USE ONLY

Data entered on _____ by _____

