

Wairau Intermediate

NURTURING OUR FUTURE

ENROLMENT FORM

ACADEMIC YEAR: 20 _____

NAME: _____

Official Use Only:


Year: 7 / 8

Home Group: _____

Enrolment Number: _____

Refugee Status: Yes / No

113 Becroft Drive - Forrest Hill - Auckland 0620
email: wairaint@wairau.school.nz - web: www.wairau.school.nz

 Wairau Intermediate - Official

Ph: 09 4107805

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 Inaguages: _____

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

Child lives with: Mother Father Caregiver Place in family _____ of _____

Siblings who are attending/have attended: _____

_____ Previous Homegroup: _____

Relatives attending/have attended: _____

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: _____

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

Surname: _____

First Names: _____

Address: _____

Occupation: _____

Relationship to student: _____

Phone Home: _____ Mobile: _____

Work: _____ Email: _____

EMERGENCY CONTACT *(not parent or caregiver)*

Surname: _____

First Names: _____

Address: _____

Relationship to the student: _____

Phone Home: _____ Mobile: _____

Work: _____ Email: _____

HEALTH

Doctor: _____ Phone: _____

Medical information or conditions to note: *eg: Asthma, Allergies, Heart Condition, Autisim, Aspergers*

I give the school permission to administer paracetamol (panadol): Yes No

Any agencies involved with your child: _____
(RTL, CYFs, Therapists etc)

OTHER INFORMATION *(attach relevant documentation if required or if not listed below)*

Custody Arrangements: _____

Access Restrictions: _____

Court Order: _____

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 need to be given 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 to forward information on 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 rules 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: _____

PERMISSIONS

I give permission for my child to:

have their image used in school publications Y N

have their image used on the school website Y N

have their image used on OFFICIAL school social media sites Y N

travel outside the school grounds within a radius of 10kms
(with appropriate supervision) recommended Y N

OFFICE USE ONLY

Birth Certificate or Passport sighted:

School Donation payment made: Receipt No. _____

Uniform Ordered: Receipt No. _____

Commencement date: _____

OFFICE USE ONLY

Data entered on _____ By _____