

Other Information

(Attach relevant documentation if required or if not listed below)

Custody Arrangements _____

Access Restrictions _____

Court Order _____

Permissions

I give permission for my child to:

Yes

No

Have their image used for school purposes

Declaration

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

I will advise the school and hereby 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 that Wairau Intermediate School holds on my child. I hereby authorise Wairau Intermediate School to obtain information from my child's previous school and to forward the information on to his/her next school.

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

I agree that my child will be dressed in the school uniform and will abide by the Wairau Intermediate School rules.

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

Signed Parent _____ Date _____

OR Caregiver _____ Date _____

School use only

Commencement Date _____

Data entered on _____ By _____

Wairau Intermediate

Nurturing our Future

Student Enrolment Form

Academic Year 202 _____

Student Name

School use only

Year

Home Group

In Zone

Out of Zone

Proof of Address
Sighted & Copied

Birth Cert/Passport
Sighted & Copied

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

 Wairau Intermediate - Official

ph: (+64) 09 410 7805

Student Details *(Please write clearly)*

First Name(s) *(Legal)* _____ Male Female

Preferred First Name _____

Family Name *(Legal)* _____ Preferred Family Name _____

Date of Birth _____ Country of Birth _____

Ethnicity (1) _____ Ethnicity (2) _____

If NZ Maori, please state Iwi _____

First Language _____ Other Languages _____

Date of arrival in NZ *(if born overseas)* _____ Previous School _____

Siblings who are attending or have attended Wairau Intermediate

Caregiver Details Adults with whom student lives

Caregiver 1 *(first point of contact)*

Relationship to student _____

Family Name *(Title)* _____

First name(s) _____

Address _____

Occupation _____

Contacts Home _____ Mobile _____

Work _____ email _____

Caregiver 2

Relationship to student _____

Family Name *(Title)* _____

First name(s) _____

Address _____

Occupation _____

Contacts Home _____ Mobile _____

Work _____ email _____

Caregiver Details

Other parent/caregiver not living with student *(Required for BoT electoral roll)*

Relationship to student _____

Family Name *(Title)* _____

First name(s) _____

Address _____

Occupation _____

Contacts Home _____ Mobile _____

Work _____ email _____

Emergency Contact *(not parent or caregiver)*

Relationship to student _____

Family Name *(Title)* _____ First Name _____

Contacts Home _____ Mobile _____

Work _____ email _____

Health Details

Doctor _____ Phone _____

Medical information or conditions to note: *e.g. Asthma, Allergies, Heart Condition, Autism, Aspergers, etc.*

Condition	Severity of Condition(s)		
	Mild	Moderate	Severe
• _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I give the school permission to administer paracetamol (Panadol) **Yes** **No**

Any agencies involved with your child. *e.g. RTLB, CYFs, Therapists, etc.*

