



KIRKWOOD INTERMEDIATE SCHOOL ENROLMENT FORM

(This portion for office use only) Copy to ESOL

Date enrolled: Date Commencing: Copy to teacher

Completed by: On Enrol

Year: ... Room: Enrolment No: Copy of Birth Certificate/Passport attached

Student Details: (Please complete one form per student)

Name of Student: (Family name)..... (First name/s):

Preferred Name: Gender: Male Female

Date of Birth:(Ministry requirement: copy of birth certificate/passport must be attached)

Country of Birth:..... Language Spoken at Home:

Ethnicity: 1. 2. 3.

Iwi Affiliations: 1. 2. 3.

New Zealand Citizen: Yes No Permanent Resident Status: Yes No

Student in NZ on a Student Visa: Yes No Expiry Date:

Previous School: Year Level:

Name of eldest child at this school (if applicable):.....

Medical Details: List any medical details and information the school should be aware of:

Serious Problems:

Sight:..... Speech: Hearing:

Comment:

Allergies: Asthmatic : Yes No

Medication Required to be taken:

Doctor: Phone: Dentist: Phone:

Interests:.....

Any other details the school should be aware of:

.....

.....

Contact Details: (Please print clearly)

1: Parent/Caregiver Full Name: Mr/Mrs/Ms/Miss.....

Relationship: **Occupation:**

Home Address:..... **Post Code:**

Postal Address (if different from above)

Home Phone Number: **E-mail address:**

Work Phone Number: **Cell Phone Number:**

2: Parent/Caregiver Name: Mr/Mrs/Ms/Miss.....

Relationship: **Occupation:**

Home Address:..... **Post Code:**

Postal Address (if different from above)

Home Phone Number: **E-mail address:**

Work Phone Number: **Cell Phone Number:**

Emergency Contact Details: Name: Mr/Mrs/Ms/Miss.....

Relationship to student: **Home Phone Number:**

Work Phone Number: **Cell Phone Number:**

If applicable please answer the following:

Student's Legal Guardian:

Legal access rights to the student:

Copies of reports etc to:

The information on this form is collected and used by the school to provide education for your child and used for associated school activities. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school. The school is sometimes obliged by law to give information to government departments but it will not otherwise be disclosed without your authorisation.

You have the right to access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Do you agree to your contact details being passed to the Parent Teacher Association (PTA) for social and fundraising activities within the school? (Please circle) Yes No

Occasionally the school takes photographs of students to record activities within the school for their school work, newsletter or school website. It is the school's policy that any photos for publication are either positive depictions of the children or the photographs are taken in such a way to avoid identification. Please advise the school if you have any concerns about publication of your child's photos.

The above information is true and correct. I understand the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

Signed: _____ **Parent/Guardian** **Date:** _____