



KIRKWOOD INTERMEDIATE SCHOOL ENROLMENT FORM

(This portion for office use only)		Copy to ESOL <input type="checkbox"/>
Date enrolled:	Date Commencing:	Copy to teacher <input type="checkbox"/>
Completed by:		Eligibility updated on Enrol <input type="checkbox"/>
Year: Room:	Enrolment No:	Copy of Birth Certificate/Passport attached <input type="checkbox"/>
		Acknowledgement letter sent <input type="checkbox"/>

Student Details: *(Please complete one form per student)*

Legal Surname of Student: Preferred Surname:.....

First Name/s: Preferred First Name:

Gender: Female Male Date of Birth:

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

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

<p>Ethnicity The Ministry of Education requires statistical information from you regarding the ethnic group with which you identify.</p> <p>Please note:</p> <ol style="list-style-type: none"> The Ministry of Education requires only one ethnicity for National Standards reporting; and For other statistical purposes you can choose more than one ethnicity. 	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <i>Iwi (may be more than one).....</i> <input type="checkbox"/> Pacific Islands <i>(state which nation).....</i> <input type="checkbox"/> Asian <i>(please identify)</i> <input type="checkbox"/> Other European <i>(please identify).....</i> <input type="checkbox"/> Other <i>(specify).....</i>
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New Zealand Citizen: Yes No Permanent Resident Status: Yes No *(proof required)*

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

School currently attending or previous school:.....Current Year Level:

Brother or sister currently at this school *(name):*.....

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: Yes No *(You will need to fill in a separate Medication Form)*

Doctor: Phone: Dentist: Phone:

Interests:.....

Any other details the school should be aware of:
PTO

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 (other than above):

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:
Custody/access arrangements about which the school should be aware:
.....

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 or videos** of students to record activities within the school for their school work, newsletter, school website or social media. It is the school's policy that any photos or videos for publication are either positive depictions of the children or the photographs or videos 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: _____