

KIRKWOOD INTERMEDIATE SCHOOL ENROLMENT FORM

(This portion for office use only)		Copy to ESOL	
Date enrolled:	Date Commencing:	Copy to teacher	
		Eligibility updated on Enrol	
Completed by		Copy of Birth Certificate/Passport	
		Acknowledgment letter sent	
Year:	Room:	Enrolment No:	VisTab/Email

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:**

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

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

Ethnicity

The Ministry of Education requires statistical information from you regarding the ethnic group with which you identify.

Please note:

- 1 The Ministry of Education requires only one ethnicity for National Standards reporting; and
- 2 For other statistical purposes, you can choose more than one ethnicity.

- ☐ **NZ European**
- ☐ **Māori**
Iwi (may be more than one)
- ☐ **Pacific Islands (state which nation)**
- ☐ **Asian (please identify)**
- ☐ **Other European (please identify)**
- ☐ **Other (specify)**

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: **Fully immunised:** Yes ☐ No ☐ **Asthmatic:** Yes ☐ No ☐

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

Doctor (full name): **Phone:** **Dentist:** **Phone:**

Interests:

Any other details the school should be aware of:

.....PTO

Contact Details: (Please print clearly)

1: Parent/Caregiver Full Name: Dr/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, members of the Board of Trustees and other schools. 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** etc, of students to record activities within the school and of their school work for the newsletter, school website or social media (including YouTube) etc. 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. We believe it is important to celebrate students' achievements, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.*

If you have any concerns about publication of your child's first name and/or photo or video, please advise the school.

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: