



This is a provisional enrolment form based on the following information being provided to the school:

- A copy of the eligibility document for your child. This can be either:
 - NZ birth certificate, NZ Passport or NZ Citizenship Certificate (if NZ citizen);
 - Australian Passport (if Australian citizen); or
 - Passport and NZ residency permit or Passport and NZ student visa/permit as well as the Parental work permit and parent's Passport.
- Proof of your address (if in zone). We can **only** accept recent home phone/internet, electricity, gas, or contents insurance invoices. In some circumstances we may require further clarification such as Tenancy Agreement, Real Estate Sale and Purchase Agreement, proof of living arrangement and proof of family/sibling relationship.
- A copy of any Court Order Documents (if applicable).
- Information that would assist us in understanding your child, i.e. family circumstances, living arrangements, shared custody details, learning needs, identified gifts, personal or social issues. Please include any reports or information that may help your child's class placement.

Please email copies of the above documents and supporting information to school.information@kirkwood.school.nz or deliver to our school at 260 Riccarton Road. If you have any queries, please email the above address or phone (03) 348 7718.

We look forward to meeting with you soon.

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

*First Name (legal):

Middle Name:

*Family Name (legal):

Preferred First Name
(If different)

Preferred Last Name
(If different)

*Gender

Male

☐

Female

☐

Child's Mobile Number:

Date of Birth:

(dd/mm/yyyy)

Current School:

Year level in 2027:

Year 7

☐

Year 8

☐

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 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).....

☐ In Zone	☐ Out of Zone
☐ Sibling Currently at Kirkwood	☐ Sibling of Past-Pupil
☐ International Fee Payer	☐ Child of Past-Pupil
	☐ Child of Board/Staff

Name of Current/Past Students: _____ Years of Attendance: _____

Does your child receive ESOL Support at their current school? Yes ☐ No ☐

*Caregiver 1's First Name:	
*Caregivers 1's Last Name:	
Relationship to Student:	
*Caregiver 1's Physical Address	
	Post Code:

[illegible]

Caregiver 1's Mobile phone:		
Work Phone:		
Home Phone:		Occupation:

☐ **NZ Citizen**
☐ **Student Visa**
☐ **Guardian Visa**
☐ **Permanent Resident**
☐ **Guardian Work Permit**
Caregiver's Visa Expiry date (if applicable:)

Caregiver 2:Caregiver 2: First Name: *Caregivers 2's Last Name: Relationship to Student: *Caregiver 2's
Physical Address: Post Code:

Caregiver 2's Email

@																						

Caregiver 2's Mobile phone: Work Phone: Home Phone: Occupation:

Caregiver's Eligibility to be living in New Zealand:

☐

NZ Citizen

☐

Student Visa

☐

Guardian Visa

☐

Permanent Resident

☐

Guardian Work Permit

Caregiver's Visa Expiry date (if applicable:)

Emergency Contact 1: (other than above)Full Name: Relationship to student: Contact Cell Phone number:

Note: I/we consent to the people named under "Emergency Contacts" taking my child from Kirkwood Intermediate School in the event of an unplanned closure, sickness, or emergency.

☐

Yes

☐

No

Guardianship/Custody Arrangements:

If applicable, please answer the following:

Student's Legal Guardian:

Legal access rights to the students:

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

Is there a Court or Parental Order in Place?

☐

No

☐

Yes

☐

N/A

Please provide detailed information:

Medical Details:

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

Serious Problems:

Non Serious Problems:

Allergies: Fully immunised: Yes ☐ No ☐

Immunisation comments:

Sight:..... Speech: Hearing:

Comment:

Asthmatic: Yes ☐ No ☐

Doctor's Name and Clinic:

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

Declaration/Privacy/Permission

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.

Privacy

This information is being collected by Kahikatea Kirkwood Intermediate as enrolment data in line with Ministry of Education guidelines. This information will be held on the school's student management system (Hero) until such time it is no longer needed.

Please visit our website to view our Privacy Policies and procedures via SchoolDocs. www.kirkwood.school.nz.

In Zone Declaration

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to automatically enrol at Kahikatea Kirkwood Intermediate School.

The Ministry of Education advises that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority for enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary; for example: Renting accommodation in-zone on a short-term basis; Arranging temporary board in-zone with a relative or family friend; or Using an in-zone address of a relative or friend with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purposes of unfairly gaining priority in enrolment at the school, then the Board can review the enrolment by issuing the parent of the student a review notice. The school will issue this review notice of behalf of the Board. Unless the parents can give a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Schedule 20 of the Education and Training Act 2020. If the student's enrolment has been accepted but they have not yet commenced their first day of school, the Board delegates this responsibility to issue a review notice and make a decision whether the enrolment is to be annulled to the school Principal.

I confirm that the address which I have provided to the school will be the student's usual place of residence when the school is open for instruction. **I will advise the school immediately of any subsequent change of address.**

I confirm I have read and agree with the above Declaration and can confirm 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: _____

(This portion for office use only)			
Date enrolled:	Date Commencing.....	Copy to ESOL	
		Copy to teacher	
Completed by		Eligibility updated on Enrol	
		Copy of Birth Cert/Passport	
		Acknowledgement email sent	
		VisTab	
Year: Room:	Enrolment No:	Proof of Address received	
		In Zone	
		Out of Zone	
		Documentation Received	