



# Te Puke Intermediate School

## Enrolment Form

Room Number

To be completed by parent / caregiver and returned to the child's contributing school or Te Puke Intermediate Office by 7 October 2011.

### Pupil Details

Legal Surname: \_\_\_\_\_ Legal First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Female  Male

Class level on entry:  Level 7  Level 8

School House that older sister or brother belonged to:

Te Wehi (Red)

Te Mauri (Jade)

Te Mana (Gold)

Te Ihi (Blue)

Name of older sibling previously or currently attending Te Puke Intermediate: \_\_\_\_\_

Start Date at Te Puke Intermediate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last school attended: \_\_\_\_\_

Does your child travel by bus:  Yes  No Bus route if known: \_\_\_\_\_

### Full Names Of Person(s) Student Is Living With (Note: mail will be sent to caregiver 1)

Caregiver 1:

Title:  Mr  Mrs  Ms  Miss

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address (if different from residential): \_\_\_\_\_  
\_\_\_\_\_

Caregiver 2:

Title:  Mr  Mrs  Ms  Miss

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address (if different from residential): \_\_\_\_\_  
\_\_\_\_\_

### Parent Not Living With Student

Mother  Father Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Receive a copy of:  School Report  Newsletter

### Emergency Contact (After caregivers)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Ethnic Origin

- NZ Maori Iwi Affiliation (NZ Maori only)      1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- Tongan       Chinese       NZ European       Niuean
- Indian       Samoan       Tokelauan       Other Asian
- Cook Island Maori       Other Pacific Island       Fijian

### NZ Citizenship (Please complete this section if you are a NZ Citizen)

Please provide evidence of one of the following:  Birth Certificate     Passport     Citizenship

### Students Not Born In NZ (Please complete if not born in New Zealand)

Arrival date in NZ: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    or Resident Visa No: \_\_\_\_\_

or Permanent Residence No: \_\_\_\_\_

or Student Visa No: \_\_\_\_\_

### Medical Details

Medical conditions (also outline any medication to be kept at school).

\_\_\_\_\_

\_\_\_\_\_

I / WE give permission for first aid staff to administer Panadol for pain relief (as per manufacturers recommendations).  Yes     No

### Other Details

Are you prepared to host students from other schools for sporting / cultural exchanges?  Yes     No

Do you wish to have your child placed in the Whanau Support Class?  Yes     No

Please tick if you agree to your student being able to leave school grounds supervised by teaching staff:  Yes     No

### Parent / Caregiver Declaration

I / WE acknowledge that the information is true and correct in every particular and will be relied upon by the school. If found to be false by the school, the school reserves the right to remove your child.

I / WE agree that our child shall abide by all school rules and regulations.

I / WE agree to pay all school fees.

I / WE understand that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled students parents / caregivers.

I / WE also agree to the school requesting relevant information from other schools for enrolment purposes and class placements.

I / WE agree to our child's name and or photograph being published in school publications, eg: newsletter, website or magazine.

Signature: \_\_\_\_\_ (Parent / Caregiver)      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_