

Entry Date:
3 FEB 10

Y7 or
Y8

OTUMOETAI INTERMEDIATE SCHOOL
Enrolment Form 2010

In Zone or
Out of Zone

Office Use Only
Dental Clinic/ Library
Classroom Teacher

STUDENT'S SURNAME _____ PREVIOUS SCHOOL: _____

FIRST NAME(s) _____ PREFERRED NAME: _____

SEX: Male / Female DATE OF BIRTH _____ COUNTRY OF BIRTH: _____

FULL NAMES OF PARENT/S OR LEGAL GUARDIAN STUDENT IS LIVING WITH:

CAREGIVER 1: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ Telephone (work): _____ Mobile: _____

OCCUPATION: _____ PLACE OF WORK: _____

EMAIL: _____

CAREGIVER 2: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ TELEPHONE (work): _____ MOBILE: _____

OCCUPATION: _____ PLACE OF WORK: _____

EMAIL: _____

FULL NAMES OF PARENT/S OR LEGAL GUARDIAN STUDENT IS NOT LIVING WITH:

CAREGIVER 3: MR/MRS/MISS/MS SURNAME: _____

FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____ SUBURB: _____ POST CODE: _____

TELEPHONE (home) _____ Telephone (work): _____ Mobile: _____

LOCAL EMERGENCY CONTACT: MR/MRS/MISS/MS FULL NAME: _____

RELATIONSHIP TO STUDENT: _____ TELEPHONE: _____

CULTURAL IDENTITY: NZ European, Other European, NZ Maori, Samoan, Cook Island Maori, Tongan, Fijian, Niue, Tokelauan, Other Pacific Island Groups, South East Asian, Chinese, Indian, Other Asian, All Other (please state) _____

If you ticked NZ Maori, please state Iwi: Iwi 1: _____

Iwi 2: _____

Iwi 3: _____

FIRST LANGUAGE: _____ LANGUAGE SPOKEN AT HOME (if different): _____

IF STUDENT WAS NOT BORN IN NZ – PASSPORT NUMBER: _____

PLEASE PROVIDE US WITH COPY OF PASSPORT **COPY OF PASSPORT PROVIDED:** YES / NO

Tick appropriate box below:

<input type="checkbox"/>	NEW ZEALAND CITIZEN – Birth Certificate No: _____	<input type="checkbox"/>	GUARDIAN WORK PERMIT – Expiry Date: _____
<input type="checkbox"/>	NZ PASSPORT HOLDER – Expiry Date: _____	<input type="checkbox"/>	VISITOR'S VISA STATUS – Expiry Date: _____
<input type="checkbox"/>	PERMANENT RESIDENCE PERMIT – Expiry Date: _____	<input type="checkbox"/>	STUDENT VISA STATUS – Expiry Date: _____

PERSONAL DETAILS Doctor (or Medical Centre) _____ Telephone _____

Please detail any Medical history/condition that the school should be aware of: _____

Mild - Moderate - Severe (please circle) _____ Medication (details) _____

Serious Health Problems: _____

Any home situation that the school should be aware of: _____

Background information on school achievement (any information you can provide as caregivers will be helpful for class placement):

Reading Level: _____ Mathematics Level: _____

Interests: Sports: _____

Cultural: _____

Is your child currently suspended from a school? YES / NO

I/We wish to enrol our son/daughter for 2010 and hereby authorise Otumoetai Intermediate School to obtain relevant details from his/her previous school to assist in forming classes. We will also allow information to be communicated to any future school he/she may attend. I consent to my child having Community Health Vision screening during their Year 7. We acknowledge that at times the school may need to take rapid action for our child's welfare, without recourse to us. We will support the school rules (kawa) and discipline procedures as a condition of enrolment. We have read and support the school's expectations as outlined in the school information book.

SIGNATURE: _____ **DATE:** _____
Parent / Guardian