



# ROSEHILL INTERMEDIATE SCHOOL

## ENROLMENT FORM

For office use -

Year 7 / 8

Room \_\_\_\_\_

Enrolment No. \_\_\_\_\_

Loaded on ENROL \_\_\_\_\_

NSN Number \_\_\_\_\_

Date starting : \_\_\_\_\_

### Student Details

Surname \_\_\_\_\_

Legal Surname \_\_\_\_\_

1<sup>st</sup> Name \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Previous School \_\_\_\_\_

*Please attach a copy of your child's last school report.  
NO enrolment form will be accepted without the students' latest school report.*

Lives with \_\_\_\_\_

### Date of Birth

\_\_\_\_\_

*Copy of NZ Birth Certificate OR passport to be attached*

Male

Female

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email you would like school correspondence to go to - \_\_\_\_\_

Ethnicity \_\_\_\_\_ Main language spoken at home \_\_\_\_\_

Country of Birth \_\_\_\_\_

If Maori please state your Iwi Affiliation \_\_\_\_\_

### Mother/Guardian Details *[if not Mum please indicate relationship e.g. Step Mother, Aunt, Guardian]* \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address - *[if different from above- please include Postcode]* \_\_\_\_\_

### Father/Guardian Details *[If not Dad please indicate relationship e.g. Step Father, Uncle, Guardian]* \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address - *[if different from above- please include Postcode]* \_\_\_\_\_

**THIS MUST BE COMPLETED. Please use contacts other than the parent(s) who can collect the student. These contacts are used only if we can not contact the Parents.**

### Emergency Contact 1 Details *[Please indicate relationship e.g. Friend, Neighbour, Grandparent]* \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact 2 Details *[Please indicate relationship e.g. Friend, Neighbour, Grandparent]* \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Access Restrictions

Is anyone to be denied Access to your child? Yes No *If yes please state who and supply supporting documentation*

**Medical Details**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special needs of the child or family circumstances of which the school should be aware of:

In the cases of emergency, when we are unable to be contacted, we give permission for the school to seek medical treatment and undertake to reimburse the Board of Trustees for the cost of any medication and treatment of our child. School Policy requires parents to provide information, on a need basis, regarding any medical condition that may pose a health risk, not only to your child but to other pupils and staff in the school.

Can we administer the following if required? Paracetamol **Yes** **No**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Individual/Parent/Legal Guardian/Agent) Please circle one.

**Students NOT New Zealand born OR Students of Migrant legal guardians Please supply passport / Visa**

Date of arrival in New Zealand

N.Z. Citizen      Yes                      No                      OR                      Permanent Resident      Yes                      No

Student Permit/Visa                      Yes                      No                      Expires on -

**INFORMATION PRIVACY -**

I agree to Rosehill Intermediate School collecting personal information and obtaining records from the previous school on:

Students Name: \_\_\_\_\_

I understand that the information I provide will be used to assist with the provision of an education for this person. This information may be shared with Health, and other educational agencies, if they are involved to further assist the learner. I accept the fact that this information may later be used for statistical and/or research purposes, provided that the information is published in any way that does not identify me or the individual concerned. I understand that the information I provide will be held at Rosehill Intermediate School, Jupiter Street, Papakura. This information may be transferred to another school if the child moves. I am aware of the rights of access to, and correction of this information.

I give permission for my child's work or photos to be published in local media. Yes                      No

Signed \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

**Parent/Caregiver Undertaking**

1. I will support the school to ensure that my child will
  - a. Be punctual
  - b. Wear correct uniform (clearly named)
  - c. Obey school values and expectations
2. Where my child damages school property restitution will be made
3. I will advise the school office of any change of address or contact telephone numbers
4. I will advise the school office in the event of any custody changes that may affect access to my child.
5. I will adhere to the school values when I interact/communicate..... with other members of the Rosehill Intermediate School community

Signed \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

It is expected that students attending Rosehill Intermediate School have a Chromebook and will bring their Chromebook from the first week of the school year. The school will accept only the following BYOD devices that will be managed by the school domain.

**BYOD device must be a Chromebook** (this device will have a built-in Google operating system) - see some of the different brands below.

- Acer Chromebook
- HP Chromebook
- Lenovo Chromebook
- Samsung Chromebook..

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NZ Birth Certificate/Passport  School Report  Financial Added

Electricity or water account  Tenancy Agreement or Council Rate Bill

Applied for: Year 7 Enrichment 1st choice  2nd choice

Sports 1st choice  2nd choice

Year 8 Enrichment 1st  choice  2nd choice

Sports 1st choice  2nd choice

Arts 1st choice  2nd choice

**Out of Zone only**

Date received \_\_\_\_\_

Applicants are accepted in this order:

1. First priority must be given to any applicant who is a sibling of a current student of the school.
2. Second priority must be given to any applicant who is a sibling of a former student of the school.
3. Third priority must be given to any applicant who is a child of a former student of the school.
4. Fourth priority must be given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school.
5. Fifth priority must be given to all other applicants.

Please circle priority

Ballot number:

On waiting list: Yes/No    Waiting list number:    Place offered on:    Place accepted on:

**ROSEHILL INTERMEDIATE SCHOOL  
OUT OF ZONE ENROLMENT FORM  
FOR YEAR 2022**

*This completed out of zone form must accompany the school enrolment form.  
It must be received at the school by 3.00 pm on **Wednesday 20th October 2021**  
[closing date for out of zone applications].  
A ballot will take place on **Wednesday 27<sup>th</sup> October 2021**,  
for any balloted places the school has available.*

**Full Name of Student**

\_\_\_\_\_

**PRIORITY ORDERS FOR OUT OF ZONE STUDENTS**

1. Do you have a brother or sister who currently attends Rosehill Intermediate School?      Yes    No  
If yes please provide details

Brother's/Sister's Name[s] \_\_\_\_\_ Years attended \_\_\_\_\_  
\_\_\_\_\_ Years attended \_\_\_\_\_  
\_\_\_\_\_ Years attended \_\_\_\_\_

2. Do you have a brother or sister who previously attended Rosehill Intermediate School?      Yes    No  
If Yes please provide details.

Brother's/Sister's Name[s] \_\_\_\_\_ Years attended \_\_\_\_\_  
\_\_\_\_\_ Years attended \_\_\_\_\_  
\_\_\_\_\_ Years attended \_\_\_\_\_

3. Did either your Mum or Dad previously attend Rosehill Intermediate School?      Yes    No  
If Yes please provide details.

Mum or Dad's Name[s] \_\_\_\_\_ Years attended \_\_\_\_\_  
\_\_\_\_\_ Years attended \_\_\_\_\_

4. Is either your Mum or Dad a member of the School Staff or the BOT's at Rosehill Intermediate School?      Yes    No  
If Yes please provide details.

Parent/Guardian's Name \_\_\_\_\_  
Position Held \_\_\_\_\_

***For Office Use Only***

Application received with thanks.

Date \_\_\_\_\_ Signed \_\_\_\_\_