



ENROLMENT FORM

Enrolment No. _____

Loaded on ENROL _____

NSN Number _____

Date starting : _____

Student Details

Surname _____

Legal Surname _____

1st Name _____

2nd 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). 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 agree to pay the annual Goods and Services Payments
4. I will advise the school office of any change of address or contact telephone numbers
5. I will advise the school office in the event of any custody changes that may affect access to my child.
6. I will adhere to the school values when I interact/communicate..... with other members of the Rosehill Intermediate School community

Signed _____ Parent/Guardian Date: _____

BRING YOUR OWN DEVICE (BYOD)

Does your son/daughter have a laptop/chromebook with a built in Google chrome browser to bring to Rosehill Intermediate School? YES/NO

For Office Use Only

NZ Birth Certificate

School Report

Financial Added