KEDGLEY INTERMEDIATE

2017 Enrolment Form

NB. Colour Areas for Office Administration ONLY

START DATE | ENROLMENT NUMBER | YEAR | ROOM

TICK √√	Yes	No
IN ZONE		

NEW ZEALAND BORN STUDENT

- ☐ New Zealand Birth Certificate
- ☐ New Zealand Passport
- ☐ Proof of Address (most recent Power Bill)
- ☐ Custody Papers

NOT NEW ZEALAND BORN

- ☐ Foreign Birth Certificate
- ☐ Foreign Passport
- ☐ Permanent Residence Permit/Visa
- ☐ Proof of Address
- ☐ Student Visa/Expiry .....
- ☐ Parents Passport with Work Visa

STUDENT DETAILS

LAST NAME | FIRST NAMES | PREFERRED NAME | √ TICK Male M | Female F

ADDRESS | POST CODE

HOME TELEPHONE NUMBER | Confidential | PARENTS MOBILE PHONE NUMBER | DATE OF BIRTH

PARENTS E-MAIL ADDRESS: | COUNTRY OF BIRTH:

PREVIOUS SCHOOL

Ethnicity 1. _____ 2. _____ 3. _____

Main language spoken at home _____

If Māori please state your Iwi Affiliation 1. _____ 2. _____ 3. _____

Mother / Guardian Details *(If not Mother please indicate relationship e.g. Step-Mother, Aunt, Guardian)* _____

Title _____ First Name _____ Surname _____

Occupation _____ Work Phone _____ Mobile _____

Address *(If different from above—please include Postcode)* _____

Father / Guardian Details *(If not Father please indicate relationship e.g. Step-Father, Uncle, Guardian)* _____

Title _____ First Name _____ Surname _____

Occupation _____ Work Phone _____ Mobile _____

Address *(If different from above—please include Postcode)* _____

Other Emergency Contact Details *(Please indicate relationship e.g. Friend, Neighbour, Guardian)*

_____

Title _____ First Name _____ Surname _____

Other Emergency Contact Details *(Please indicate relationship e.g. Friend, Neighbour, Guardian)*

_____

Title _____ First Name _____ Surname _____

Please turn over

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CUSTODY ARRANGEMENTS / ACCESS RESTRICTIONS (Please attach Documents)

What are your child's strengths and talents?

I give permission for images of my child to be published on the Kedgley Intermediate School Website and other media as part of publicity relating to school activities.

I will be notified when photos are going to be used by anyone other than Kedgley intermediate.

Parent's Signature: .....

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child.
The records made from this information may be viewed on request at the school.
I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential Intermediate or Secondary School.

Parent's Signature: .....

HEALTH DETAILS

KEDGLEY INTERMEDIATE 2017

STUDENT'S NAME:

FAMILY DOCTOR: PHONE NO:

STUDENT DISABILITIES / or MEDICAL CONDITIONS

Please state any condition/s that the School Office and Sickbay should be aware of which might affect involvement in physical education or school life.

Please Tick (√) in box

	Yes	No
Is your child taking any medication for the above condition?		

If yes, please state— _____

_____

If your child has an asthma attack, do you give us permission to use Ventolin in the case of an emergency at school?		
Do you give the school permission to give your child Panadol if needed?		

EMERGENCY MEDICAL ASSISTANCE

In the case of an accident or sickness, and the school is unable to contact you, or if an ambulance is needed, do you give your permission for medical assistance to be sought or given to your child?		

EXTRA MEDICAL INFORMATION REQUIRED BY OUR SCHOOL DENTAL THERAPISTS

Does your child suffer or has your child suffer from any of the following?

	YES	NO
Rheumatic Fever		
Heart Condition		
Bleeding Disorders		
Allergy to latex (Rubber)		

	YES	NO
Asthma		
Epilepsy		
Diabetes		
HIV / Hepatitis		

I / We understand —

1. that the school has no Nurse or Registered Medical Practitioner to give medication
2. that the giving of the above mentioned medication will only be under the circumstances listed and according to the expressed written instructions given by the Parent/Guardian
3. that the school, in giving any medication, is acting responsibly and in the best express interests o my child but not responsible for any unforeseen circumstances
4. that any medication given will not be past the expiry date

NAME OF PARENT / GUARDIAN: .....

SIGNATURE: ..... DATE:.....