

WAIKOWHAI INTERMEDIATE SCHOOL

APPLICATION FOR 2010 ENROLMENT

Please return this application form to Waikowhai Intermediate School by **11th September 2009**
 Postal address: Richardson Road Mt Roskill, Auckland Phone 621-0460

Student Details:

Copy of Birth Certificate or Passport is required

Family Name _____ First Names _____
 Preferred Name _____ Boy / Girl _____
 Date of Birth _____ Previous School _____
 Permanent Address _____

 Phone No. _____ Cellphone No. _____
 Email _____ Country of Birth _____
 Languages spoken at home _____
 Ethnicity _____
 Place in family _____ of _____ (e.g. 3 of 4)
 If Maori, please indicate your IWI groups
 1. _____ 2. _____ 3. _____

Student Born Overseas:

Date of Entry to New Zealand _____ Country of Birth _____
 NZ Residency YES / NO (circle one) Visa Expiry Date _____
 Copy of Visa attached YES / NO (circle one)
 Copy of Residency Permit attached YES / NO (circle one)
 Refugee Status YES / NO (circle one)

Parent/Caregiver Details

Title	Family Name	First Name	Relationship to Child
Mr/Mrs/Miss/Ms _____	_____	_____	_____
Residential Address _____			
(If different from student) _____			
Home Phone No. _____	_____	Cellphone _____	_____
Occupation _____	_____	Work No. _____	_____
Email _____			

Title	Family Name	First Name	Relationship to Child
Mr/Mrs/Miss/Ms _____	_____	_____	_____
Residential Address _____			
(If different from student) _____			
Home Phone No. _____	_____	Cellphone _____	_____
Occupation _____	_____	Work No. _____	_____
Email _____			

CUSTODY ARRANGEMENT

Parents YES / NO Solo Mother YES / NO Solo Father YES / NO

OR Add details of custody, welfare, legal access, copies of reports

Court Order Issued? YES / NO / N/A

HEALTH

"Good" or "list" any disabilities/allergies/illness which may affect your child's activities at school.

Allergy _____ Medication _____

Permission to take PANADOL YES / NO (circle one)

Name of Doctor _____ Phone No. _____

STUDENT LEARNING SUPPORT - if student currently receives any.

RTLB / GSE / ESOL Funded / PHN / Ed. Psych. / CYPS / Other _____

DENTAL EXAMINATION

I give permission for my child/ren to travel by free taxi van to and from the Mt Roskill Dental Clinic, Denbeigh Avenue, for an annual check-up and treatment. YES / NO

EMERGENCY CONTACT - this information is very important should your child fall ill at school and we are unable to contact you **(these need to be people other than parents)**

Mr/Mrs/Miss/Ms _____ Christian Name _____

Address _____

Home Phone No. _____ Work No. _____

Cellphone _____ Relationship to Child _____

Mr/Mrs/Miss/Ms _____ Christian Name _____

Address _____

Home Phone No. _____ Work No. _____

Cellphone _____ Relationship to Child _____

In the event of the school being unable to contact any of the above I authorise the obtaining on my behalf any medical assistance, (if, in the opinion of the staff, such treatment is necessary), and agree to meet any costs incurred. In the event of a serious accident an Ambulance will be called.

I give permission for my child's visual image to be used in: School Publications YES / NO

School Website YES / NO

Under the Privacy Act 1994 I am happy to have information contained in this enrolment form used for the benefit of my child's schooling both at Waikowhai Intermediate School and for the purpose of their continued education.

I understand that the information provided may be used for school and Board of Trustees activities, and be passed to other Agencies who work with the school for educational purposes. I accept the rules and regulations of the School, particularly those regarding the wearing of correct uniform and attendance.

I declare that all the information I have provided in this Application for Enrolment is true and correct.

Signature Parent/Guardian _____ Date _____

Office Use

Date started in classroom _____

Accession No.

Computer

Acceptance Letter

ENROLMENT CHEKLIST

The enrolment application **must** include the following:

- Enrolment Application Form**—with all relevant sections completed
- Copy of Birth Certificate or Passport**
- Internet Agreement** - signed by both parent, caregiver and student

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