

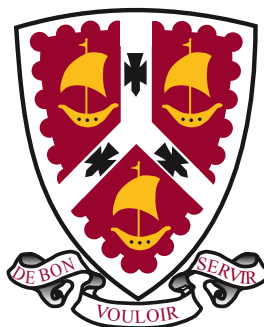
Enrolment
Confirmation

Date: _____

Signed: _____

Computer No: _____

HOWICK
INTERMEDIATE SCHOOL
A CARING, CHALLENGING AND RESPONSIVE LEARNING ENVIRONMENT



Enrolment Form

Academic Year: 2010 · 2011 · 2012 · 2013

Name: _____

Year Level:

Room Number:

Enrolment Date:

In/Out Zone:

HOWICK INTERMEDIATE SCHOOL

Botany Road · Howick · Manukau 2010
Telephone (09) 534 3922 · Facsimile (09) 534 9223
Website: www.howickint.school.nz

STUDENT DETAILS

Family Name: _____

First Names: _____

Preferred Name: _____

Date of Birth: _____ Male: Female:

Country of Birth: _____

Ethnicity: _____ Maori Iwi: _____ First Language: _____

Other Languages: _____ Date of Entry to First NZ School: _____

Date of Arrival in NZ: _____ Level of English: _____ Intended Length of Stay: _____

STUDENT ADDRESS *(in New Zealand)*_____

Postcode: _____**STUDENT DETAILS** *(in New Zealand)*

Mobile: _____

Email: _____

PREVIOUS SCHOOL

School Name _____

School Address: _____

Class Level: _____ Copy of Current School Report: Relatives/Siblings at Howick Intermediate: Current: Previous: Future:

Name/s: _____

MOTHER Miss / Mrs / Ms - please circle one

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Occupation: _____ Work Place: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

FATHER

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Occupation: _____ Work Place: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

CHILD LIVING WITHMother and Father: Mother: Father: Homestay: Designated Caregiver (selected by parents/indemnity signed) **HOMESTAY/DESIGNATED CAREGIVER** *(if not living with mother or father)*

Mr / Miss / Mrs / Ms - please circle one

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Relationship to Student: _____

Occupation: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

TRANSPORTWill your child be travelling by bus *(please tick one box)*: Yes: No: Indicate the type of bus: Public Transport: Ministry Funded: Applying for a seat on one of the Howick Intermediate buses: Yes: No: Is this enrolment dependent upon bus transport being available: Yes: No: **OTHER INFORMATION** *(attach information or documentation as necessary)*Custody Arrangements: Yes: No: Access Restrictions: Yes: No: Court Order: Yes: No: Other Agencies Involved: Yes: No: **EMERGENCY DETAILS**Not Parent/Caregiver Mr / Miss / Mrs / Ms - please circle one

Emergency Contact Person: _____

Relationship to Student: _____

Contact Numbers Home: _____ Work _____ Mobile _____

HOWICK
INTERMEDIATE SCHOOL
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OFFICE USE ONLY

Date Entered: _____

Initial: _____

HEALTH INFORMATION

Student's Name _____

Family Doctor _____ Phone number _____

Does your child have any of the following conditions?

Please indicate if condition is **mild, moderate or severe** and if any medication is required

DIABETES	YES/NO	Details _____
ASTHMA	YES/NO	Details _____
ALLERGIES	YES/NO	Details _____
BEE STINGS	YES/NO	Details _____
ADD/ADHD	YES/NO	Details _____
ASPERGERS/AUTISM	YES/NO	Details _____
DYSLEXIA	YES/NO	Details _____
MIGRAINES/HEADACHES	YES/NO	Details _____
EPILEPSY/FITS	YES/NO	Details _____
BLEEDING DISORDER	YES/NO	Details _____
HEART CONDITION	YES/NO	Details _____
HAYFEVER	YES/NO	Details _____
TRAVEL SICK	YES/NO	Details _____
SPEECH DIFFICULTY	YES/NO	Details _____
HEARING DIFFICULTY	YES/NO	Details _____
VISION DIFFICULTY	YES/NO	Details _____
OTHER CONDITIONS	YES/NO	Details _____

Is there any other information the staff should know to ensure the physical and emotional safety of your child or other students?

For example cultural practices, religious beliefs, disability, anxiety about heights/darkness/small spaces, behavioural or emotional problems?

Details _____

MEDICATION:

Is your child taking any prescribed medication? _____ YES/NO

Details _____

If the school agrees to administer medication during school time, it should be provided in the original packaging in a named, labelled container. Any request for the school to administer medication must be submitted in writing. It will then be kept in our Health Centre and administered as required.

Under no circumstances should students carry any medication other than asthma inhalers.

Do you give permission for your child to receive Panadol (Paracetamol) tablet(s) if considered necessary? YES/NO

(Please note that the school only stocks Paracetamol tablets, if your child is unable to swallow tablets you will need to provide some liquid medication for them to take if required)

Additional comments: _____

The school does not provide throat lozenges or medication for hayfever

IMMUNISATION HISTORY

Is your child fully immunised? YES/NO

Additional comments: _____

Date of last Tetanus injection _____ (due at age 11yrs)

The Public Health Nurses usually come into the school in Term 2 or 3 to give this, but it can also be given by your family doctor if you prefer.

I agree that this information is correct and complete. I will notify the school if there are any changes in my child's health information. I understand that failure to disclose all relevant information may result in the school being unable to provide appropriately for my child.

Signed: _____

Relationship to Student: _____

Date: _____

DECLARATION

I understand that Howick Intermediate School will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I will advise the school and give permission should medication be required at school.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Howick Intermediate School holds on my child. I approve of the forwarding of information from my child's previous school.

The records from this information may be viewed on request at the school.

Signature of: Parent: _____

Homestay: _____

Designated Caregiver: _____

OFFICE USE ONLY

Evidence of in-zone residency provided

Copy of Birth Certificate/Passport

OFFICE USE ONLY

Passport and Permit details checked and attached: / PR FP

Required Documentation (*photocopy*)

- Passport Title Page:
- Work Visa Number: _____ Expiry Date: _____
- Proof of Parental Residency:
- Student Permit:
- Permanent Residency Application Form: Expiry Date: _____
- Payment made: \$ _____ Receipt Number: _____
- Payment Period: _____
- Information requested from previous school: Yes No Date: _____

OFFICE USE ONLY

All overseas students are required to have travel and health insurance. This policy must include a 'fee protection' clause.

Travel/health and fee protection documentation sighted: Start Date: _____ Expiry Date: _____

Insurance Company: _____

OFFICE USE ONLY

Interview (*date*): _____ / _____ / _____

Staff: _____