



# HOWICK

## INTERMEDIATE SCHOOL

### APPLICATION FOR ENROLMENT

- Yr 7       Yr 8  
 IN-ZONE     OUT-OF-ZONE

*Please note : Limited Out of Zone places available at Year 7 level ONLY.*

#### STUDENT DETAILS:

Please print clearly

- Male     Female

Surname (Legal):	Date of Birth: dd/mm/yy
First Names (Legal):	Country of Birth:
Preferred Surname:	Ethnicity:
Preferred First Name:	Citizenship:
	Iwi (NZ Māori):
	If not born in NZ, date of arrival in NZ:
Present School:	Current Year Level:
	Language spoken at home:

#### CAREGIVER DETAILS:

**Caregiver 1 will be the first point of contact for the school**

<b>CAREGIVER 1</b>		Living with child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child:	Mr / Mrs / Ms / Miss	Home Phone:	
First Name:	Surname:	Mobile Phone:	
Address:		Work Phone:	
		Company/Occupation:	
Postal Code:	Email:		

<b>CAREGIVER 2</b>		Living with child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child:	Mr / Mrs / Ms / Miss	Home Phone:	
First Name:	Surname:	Mobile Phone:	
Address:		Work Phone:	
		Company/Occupation:	
Postal Code:	Email:		

Are there any custody orders the school needs to be aware of?       Yes (*Legal documentation required*)       No

#### EMERGENCY CONTACT INFORMATION:

*This information is important should your child fall ill and we are unable to contact the listed caregivers. This contact should be advised that the school could call them in an emergency. Please do not put caregiver information here.*

#### EMERGENCY CONTACT 1

Relationship to child:	Home Phone:
First Name:	Mobile Phone:
Surname:	

#### EMERGENCY CONTACT 2

Relationship to child:	Home Phone:
First Name:	Mobile Phone:
Surname:	

**MEDICAL INFORMATION:**

Attach necessary information related to the medical conditions recorded below.  
Please be assured that any information you provide is strictly private and confidential.

Medical Conditions/Allergies: .....  Mild  Severe  
.....  Mild  Severe  
.....  Mild  Severe

Is medication to be held at school?  Yes  No Medication: \_\_\_\_\_

I will complete the HIS Medicine Consent Form  Yes \_\_\_\_\_

Do you give permission for the school to administer the following Panadol for pain relief if required?  Yes  No

Which of the following has your child been immunised against?  
 Diphtheria/Tetanus/Pertussis/Polio/Hepatitis B  Measles/Mumps/Rubella  Chicken Pox

Does your child have hearing loss significant enough to affect their learning?  Yes  No  Hearing aid

Does your child have vision impairment significant enough to affect their learning?  Yes  No  Glasses

Doctor/Medical Centre: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please list)

**LEARNING NEEDS:** *Please attach assessment reports related to any learning needs recorded below.*

Learning Needs:

Please list any agencies that have been involved: \_\_\_\_\_

**PASTORAL CARE:**

Has your child had previous counselling support?  Yes  No

Please list any agencies that have been involved: \_\_\_\_\_

**WHĀNAU PLACEMENT:**

Please list below any siblings who previously attended Howick Intermediate School.

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Whānau: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Whānau: \_\_\_\_\_

**FOR STUDENTS WHO HAVE NOT HAD THE MAJORITY OF THEIR SCHOOLING IN NEW ZEALAND:**

Date of arrival in New Zealand: \_\_\_\_\_ Intended length of stay: \_\_\_\_\_ Date of Visa expiry: \_\_\_\_\_

Status:  Citizen  Permanent Resident  Student Visa  Visitor's Visa  Refugee

Level of English:  New Learner  Some English  Fluent

**OUT OF ZONE ENROLMENTS:** *Please list below any Parents/Siblings who previously attended Howick Intermediate School.*

Name: \_\_\_\_\_  Parent  Sibling Years Attended: \_\_\_\_\_

Name: \_\_\_\_\_  Parent  Sibling Years Attended: \_\_\_\_\_

## REQUIRED SUPPORTING DOCUMENTS

- **New Zealand Citizens** - copy of  NZ birth certificate **or**  NZ passport **or**  Citizenship certificate
- **Non New Zealand Citizens** - copy of  Student's passport **and** residency visa **or**  Parent's work visa **and** Child's student visa
- **A copy of the student's most recent school report**
- **H.I.S Student phone agreement**
- **H.I.S. Cybersafety and Digital agreement**

**IN ZONE Applications only** - In Zone students must be able to provide **two** proof of residence documents:

- A current Electricity or Gas account in the name of the caregiver
- A current Sale and Purchase Agreement or a current Tenancy Agreement (showing a 12 month fixed term in a council approved rateable dwelling)
- A current Bank Statement
- A current Telephone/Internet bill

\* Land Rates or Water Rates are **not** accepted.

**APPLICATIONS CANNOT BE ACCEPTED UNLESS ALL SUPPORTING DOCUMENTATION HAS BEEN PROVIDED.**

### DECLARATION:

**If the Board of Trustees has reasonable grounds for believing that the given In-Zone address will not be a genuine, on-going living arrangement, the Board may decline the application for enrolment.**

*By signing this Enrolment Form, I declare that:*

- The address and contact information that I have provided to the school will be the usual residence for this student when the school is open for instruction. I will advise the school of any subsequent changes of address or contact information.
- I understand that students accepted under the In-Zone criteria will be expected to remain within the school zone while attending the school. Howick Intermediate School expects that children accepted as In-Zone students and subsequently moving out of the school zone will enrol at their new school.
- Howick Intermediate School will take action on my behalf in case of sudden illness or injury.
- I understand that all students are expected to abide by school policies and procedures and that these can be viewed on request.
- I will ensure that my child wears the correct school uniform every school day and sports uniform for fitness and sports programmes.
- I will advise the school before the start of the school day if my child is absent, by leaving a message on the absence line or emailing the school office.
- I understand that while due care is exercised, Howick Intermediate School cannot accept liability for personal injury, loss or damage to a student's property.
- 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 confirm that I have supplied authentic information and all supporting documentation as required.
- I confirm that all information provided in this application is correct.

Signed: \_\_\_\_\_

(Parent/Caregiver)

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