



ASHBURTON INTERMEDIATE SCHOOL

144 Cass Street
Ashburton
Phone 03 3089563

ASHBURTON INTERMEDIATE SCHOOL ENROLMENT APPLICATION

Every enrolment **MUST** include a copy of the child's New Zealand Birth Certificate, Passport and/or Immigration documentation

Office Use

Year 7/ _____

Year 8/ _____

BC sighted

Yes / No

Student's Full Name: _____

Student's Preferred Name: _____

Address: _____

Gender: Male / Female

Date of Birth: ____/____/____

Name of last school attended: _____

Current Year Level:
Year 6 Year 7 Year 8

Student Lives With: Both Parents Mother Father Guardian Other

Parent / Caregiver:
Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Mobile No: _____
Email: _____
Occupation: _____
Workplace: _____
Relationship to Student: _____
(Mother/Father/Guardian/Other)

Parent / Caregiver:
Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Mobile No: _____
Email: _____
Occupation: _____
Workplace: _____
Relationship to Student: _____
(Mother/Father/Guardian/Other)

Emergency Phone Contact:
Name: _____
Phone No: _____
Relationship to student: _____

Emergency Phone Contact:
Name: _____
Phone No: _____
Relationship to student: _____

1st Ethnicity Identified/preferred: (Circle only one)
NZ European Asian (specify) _____
NZ Maori Pacific Island (specify) _____
Other (specify) _____
Iwi _____

Born Overseas:
Date of entry into NZ: _____
NZ Residency Yes / No
Visa Expiry Date: _____
First language: _____

Medical Notes:

Please note any medical conditions: (e.g. asthma, allergies, deafness, diabetes, epilepsy, hepatitis B)

Medication to be held at school? Yes / No

In the event of an emergency the school may act in my/our behalf Yes / No

If required, do you consent to your child being given Panadol? Yes / No

Is your child fully immunised to their current age ? Yes / No

Does your child have any other health or physical disabilities?

Family Doctor / Medical Practice and Practice Phone Number:

Special needs of child or family circumstances of which the school should be made aware of:

(e.g. custody arrangements, legal access, copies of report, welfare etc.)

Behaviour:

Has your child ever been stood down/ suspended /excluded from an Intermediate or Primary school? Yes / No

If yes please explain the circumstances :

Information Privacy:

For the purpose of compliance with the Privacy Act 1993 I consent to the school obtaining verbal and written information from the child's previous school and forwarding information to the child's future school. Yes / No

I understand that the information about the child may be used for school and Board of Trustees activities and be passed to other agencies who work with the school for educational purposes. Yes / No

I give permission for the child's visual image to be used for educational purposes in:

School Publications Yes / No

School Websites Yes / No

Parent / Caregiver Undertaking

I wish to make an application for my child to enrol at Ashburton Intermediate School. I will support the school to ensure that my child will

- * Be punctual
- * Wear correct uniform (clearly named)
- * Obey the school's expectations as per the Behaviour Management Programme

I declare that all information provided in this Enrolment Application is true and correct and I will advise the school office should there be any changes to what I have provided.

Signature: _____ Enrolment Date: _____

(Parent / Legal Guardian / Agent) Please circle one