

**Administration Use Only**

Start Date  Enrolment No.  Year  Room

# Kedgley Intermediate School

## Enrolment Form



Enrolling for School Year  In Zone Enrolment  Out of Zone Enrolment

**Student Details**

Last Name

First Name

Preferred Name (if student is called by a name different from the one above)

Birthdate  Male  Female

Country of Birth

Address

Previous School

Ethnicity

Iwi Affiliation

Languages Spoken at Home

**Privacy Act**

I understand that the information on this form is collected as part of the essential information the school holds on my child.

The records made from this information may be viewed on request.

Sign

**Contact Details**

*Guardian #1*

Relationship to Student

Full Name

Phone No.

Phone No.

Email

Address (if different from students)

*Guardian #2*

Relationship to Student

Full Name

Phone No.

Phone No.

Email

Address (if different from students)

*Other Emergency Contact #1*

Relationship to Student

Full Name

Phone No.

Phone No.

*Other Emergency Contact #2*

Relationship to Student

Full Name

Phone No.

Phone No.

**Custody Arrangements**

Description of Custody Arrangements / Access Restrictions

Please attach any other relevant documents.

**Enrolment Checklist**

<b>New Zealand Citizens</b>	<b>Non-New Zealand Citizens</b>
New Zealand Birth Certificate OR New Zealand Passport	Passport with a valid Student Visa AND Birth Certificate
	Parent's Passport with a valid Work Permit OR Residence Permit
A recent power bill to show proof of address OR Statutory Declaration stating the child lives at the address, signed by a Justice of the Peace OR a letter from Work and Income New Zealand that states the child lives at that address	A recent power bill to show proof of address OR Statutory Declaration stating the child lives at the address, signed by a Justice of the Peace OR a letter from Work and Income New Zealand that states the child lives at that address
Completed Kedgley Intermediate School Enrolment Form AND Health Form	Completed Kedgley Intermediate School Enrolment Form AND Health Form

## Permission

I give permission for Kedgley Intermediate to:

- publish my child's image on the school website, Facebook page and Instagram page (you will be notified when your child's image is going to be used by anyone other than Kedgley Intermediate)
- attend school trips (EOTC) and opportunities that relate to my child's learning
- forward my child's name and address to a potential intermediate or secondary school
- forward information about why my child is transferring to another school
- attend sporting events related to South West Zones and Auckland Championship tournaments
- provide my child with Ventolin in the event of an asthma attack
- provide my child with Panadol when required
- In the case of an accident or illness where the school is unable to contact the student's guardian / emergency contact, or if an ambulance is needed, Kedgley staff have permission to seek medical assistance for my child
- seek or provide medical assistance for my child

# Kedgley Intermediate School

## Health Form



Student's Full Name

Family Doctor / Medical Centre

Doctor's Contact Phone Number

### Medical Conditions

Does your child have, or has ever had, any of the following:

Rheumatic Fever

Asthma

A Heart Condition

Epilepsy

Bleeding Disorders

Diabetes

A Latex (rubber) Allergy

H.I.V. / Hepatitis

## Immunisation History

Has your child been immunised against:

MMR

Chicken Pox

Tetanus

Please state any medical conditions that Kedgley Intermediate staff should be aware of that may affect involvement in physical activities or school life.

Please state any medication your child takes for the above condition(s)

I understand that:

- *that the giving of the above mentioned medication will only be under the circumstances listed and according to the written instructions given by the Parent / Guardian*
- *that the school, in giving any medication, is acting responsibly and in the best interests of my child but are not responsible for any unforeseen circumstances*
- *that any medication provided to the school will not pass the expiry date*

Name and Signature of Parent / Guardian

Date