

# Kedgley Intermediate School Enrolment Form 2022

## OFFICE USE ONLY

Inzone:

YES

NO

Date Received:

Enrolment Number: 22 /

## STUDENT INFORMATION

Student's First Legal Name

Student's Legal Surname

D.O.B: dd / mm / yyyy

Gender: Male / Female

Preferred Alias First Name

Preferred Alias Surname

What year will your child be starting at Kedgley Intermediate School

20

What year level will your child be when starting at Kedgley Intermediate School

Yr 7

Yr 8

Number

Street

Suburb

City

Postal Code

First ethnicity

Second ethnicity (if relevant)

Third ethnicity (if relevant)

First Iwi (if relevant)

Second Iwi (if relevant)

Main language spoken at home

Your child's previous school

What are your child's strengths and talents

Do you have another child/ren attending Kedgley Intermediate School

YES

NO

Name of your other child/ren

Yr 7

Yr 8

Tick the current education support service/s your child receives from the Ministry of Education?

Not Applicable  ORS  ICS  ESOL  Other \_\_\_\_\_

# Kedgley Intermediate School Enrolment Form 2022

## PRIMARY CAREGIVER INFORMATION

Primary Caregiver's First Name	Primary Caregiver's Surname
Relationship to child	
Mobile number	Landline phone
Email address	
Occupation	
Work Address	Work phone number / Extension

## EMERGENCY CONTACT INFORMATION:

Please provide an emergency contact person incase we are unable to contact primary caregiver. This person should reside in the area.

First Name	Surname
Relationship to child	
Mobile number	Landline phone
Email address	
Number Street	Suburb
City	
Occupation	
Work Address	Work phone number / Extension

## PRIMARY CAREGIVER AUTHORISATION:

The following people have the authorisation of the primary caregiver to pick up my child

Authorised Person's Full Name	Relationship to child
Authorised Person's Full Name	Relationship to child

# Kedgley Intermediate School Enrolment Form 2022

## HEALTH INFORMATION

Please provide the correct information for your child's medical conditions

Family Doctor name	Phone Number	Number	Address
--------------------	--------------	--------	---------

Do you give the school permission to give your child **Panadol** if needed  Yes  No

If your child has an asthma attack, do you give permission to use Ventolin in case of an emergency at school?  Yes  No

Does your child have sight /vision problems?  Yes  No

Does your child have speech problems?  Yes  No

Does your child have hearing problems?  Yes  No

I give my child permission to have hearing or vision tested  Yes  No

Does your child have Asthma?  Yes  No

Does your child have an Allergy to rubber latex gloves?  Yes  No

Does your child have a Bleeding Disorder?  Yes  No

Does your child have Diabetes?  Yes  No

Does your child have Epilepsy?  Yes  No

Does your child have a Heart Condition?  Yes  No

Does your child have HIV / Hepatitis?  Yes  No

Does your child have Rheumatic Fever?  Yes  No

Any other health conditions: \_\_\_\_\_  Yes  No

Is your child taking any medication for the above health condition/s  Yes  No

If yes, please state: \_\_\_\_\_

Does your child have any dietary requirements and food allergies?  Yes  No

If yes, please state: \_\_\_\_\_

## PRIMARY CAREGIVER HEALTH CARE DECLARATION

I / We understand

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

Primary Caregiver Signature: \_\_\_\_\_

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

# Kedgley Intermediate School Enrolment Form 2022

My child and I have read, agreed and we have signed the Digital Citizenship Agreement attached

Please tick one

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

I give permission for images of my child to be published on all Kedgley Intermediate School website and social media platforms

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

I have attached any custody agreements documents for my child's enrolment

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No
------------------------------	------------------------------	-----------------------------

## PRIMARY CAREGIVER DECLARATION

As the person completing this form, I declare that all information provided is true and correct, and that is my responsibility to make sure all information provide is kept up to date.

First name: \_\_\_\_\_ Surname \_\_\_\_\_

Primary Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Statement: School collects the information on this form to:

- enrol your child at school
- assess the educational needs of your child
- ensure the school gets the correct resources from the Ministry of Education for your child.

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisation without your authorisation, except in accordance with the Privacy Act.

## OFFICIAL DOCUMENTS REQUIRED

Please ensure the following documents are attached to support your child's enrolment.

### New Zealand Born Student

- New Zealand Birth Certificate
- New Zealand Passport
- Proof of Address(most recent Power Bill)
- Custody Papers (if required)

### Not New Zealand Born Student

- Foreign Birth Certificate
- Student Visa / Expiry
- Permanent Residence Permit / Visa
- Parents Passport with Work Visa
- Proof of Address
- Foreign Passport