

PONSONBY INTERMEDIATE SCHOOL Enrolment Application

Enrolment Requirements: Please provide the following: Copy of Birth Certificate, Immunisation Certificate, Proof of Residence e.g. Tenancy Agreement, Rates Account, Power Bill

PERSONAL INFORMATION

Year 7 Year 8 (please tick)

Boy Girl (please tick)

Surname:		Date of Birth:	
First Name:		Country of Birth:	
Preferred Name:		Ethnicity:	
Middle Name:		Nationality (Passport):	
Address:		If not NZ born, date of arrival in NZ:	
	Postal Code:	NZ Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:		Language spoken at home:	
Present School:		Other Languages:	
Iwi (NZ Maori)		Date started at Primary School:	

MEDICAL DETAILS

Do we have permission to administer Panadol tablets or liquid when necessary? No. of tablets 1 2 No
 Does your child have any medical issues/ treatments we need to know about? Yes No

If Yes, please specify:

Doctor's Name:
 Doctor's Address/ Phone:

Dentist's Name:
 Dentist's Address/ Phone:

Shown Certificate	Hepatitis	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT: Please indicate who is the first point of contact for your child: Mother Father (please tick)

MOTHER'S DETAILS

Surname:		Title:	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR
First Names:		Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home: <input style="width: 100px;" type="text"/>	Occupation:	<input style="width: 200px; height: 20px;" type="text"/>
	Mobile: <input style="width: 100px;" type="text"/>	Work Phone:	<input style="width: 200px; height: 20px;" type="text"/>
Email:	<input style="width: 500px;" type="text"/>		
Company:	<input style="width: 500px;" type="text"/>		

Please note: All communication with parents is via email so it is essential that the school is provided with a valid email address.

FATHER'S DETAILS

Surname:		Title:	<input type="checkbox"/> MR <input type="checkbox"/> DR
First Names:		Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home: <input style="width: 100px;" type="text"/>	Occupation:	<input style="width: 200px; height: 20px;" type="text"/>
	Mobile: <input style="width: 100px;" type="text"/>	Work Phone:	<input style="width: 200px; height: 20px;" type="text"/>
Email:	<input style="width: 500px;" type="text"/>		
Company:	<input style="width: 500px;" type="text"/>		

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EMERGENCY CONTACTS

(This information is **very** important. Should your child fall ill at school and we are unable to contact you, these contacts cannot be the student's parents/ caregivers).

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

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

Siblings who have attended or are currently attending this school:

Name:			Last year attended:	
Gender:		Room:		Year:

Name:			Last year attended:	
Gender:		Room:		Year:

Learning and Behaviour needs, special needs (e.g. ESOL), Other Information/ Requests: Custody Arrangements/ Access Restrictions

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Has this student ever been stood-down, suspended or excluded from school: Yes No

I give permission for my child's first name, image or work to be published in the school newsletter, on the school website, or the wider online community.

I DO NOT give permission for my child's first name, image or work to be published in the school newsletter, on the school website, or the wider online community.

Signature of Parent:

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OFFICE USE ONLY

Date Received:		Siblings: Y / N	
Attending Year:		Past/ Present	
In Zone/ Out of Zone:		Documents Needed:	
Additional Documents Provided:			