

# PONSONBY INTERMEDIATE SCHOOL

## Enrolment Application

IN ZONE	OUT OF ZONE
---------	-------------

### Enrolment Requirements

Please provide the following: Copy of Birth Certificate or NZ Passport, Immunisation Certificate, Proof of Residential Address eg Tenancy Agreement (valid for at least 6 months from school commencement date), Rates Account or Power Bill, Copy of last school report.

Please refer to the Documentation Checklist prior to submitting an application.  
*Students must be at least 10 years old starting Year 7 and not turn 14 while in Year 8.*

### PERSONAL INFORMATION

 Year 7     Year 8 (please tick)

 Gender: 

Family Name:	<input style="width: 80%;" type="text"/>
First Name:	<input style="width: 80%;" type="text"/>
Preferred Name:	<input style="width: 80%;" type="text"/>
Middle Name:	<input style="width: 80%;" type="text"/>
Address:	<input style="width: 80%;" type="text"/>
	<input style="width: 80%;" type="text"/>
	<input style="width: 80%;" type="text"/>
	Postal Code: <input style="width: 60%;" type="text"/>
Home Phone:	<input style="width: 80%;" type="text"/>
Present School:	<input style="width: 80%;" type="text"/>
Iwi (NZ Maori):	<input style="width: 80%;" type="text"/>

Date of Birth:	<input style="width: 80%;" type="text"/>
Country of Birth:	<input style="width: 80%;" type="text"/>
Ethnicity:	<input style="width: 80%;" type="text"/>
Nationality (Passport):	<input style="width: 80%;" type="text"/>
If not NZ born, date of arrival in NZ:	<input style="width: 80%;" type="text"/>
NZ Residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken at home:	<input style="width: 80%;" type="text"/>
Other Languages:	<input style="width: 80%;" type="text"/>
Date started at Primary School:	<input style="width: 80%;" type="text"/>
Year Level at current school:	<input style="width: 80%;" type="text"/>

### MEDICAL DETAILS

Do we have permission to administer Panadol tablets?    No. of tablets     1     2     No

If your child usually takes Antihistamine, do we have permission to administer Antihistamine if required?  
 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:

Immunisation Information provided:     Immunisation Certificate  
 Immunisation Declined written advice provided

### Siblings who have attended or are currently attending this school:

Name:	<input style="width: 95%;" type="text"/>	Last year attended:	<input style="width: 95%;" type="text"/>
Gender:	<input style="width: 80%;" type="text"/>	Room:	<input style="width: 80%;" type="text"/>
		Year:	<input style="width: 80%;" type="text"/>

Name:	<input style="width: 95%;" type="text"/>	Last year attended:	<input style="width: 95%;" type="text"/>
Gender:	<input style="width: 80%;" type="text"/>	Room:	<input style="width: 80%;" type="text"/>
		Year:	<input style="width: 80%;" type="text"/>

**IMPORTANT:**

Please indicate who is the first point of contact for your child:  Parent / Caregiver 1  Parent / Caregiver 2 (please tick)

**PARENT/CAREGIVER 1'S DETAILS**

Family Name:		First Names:	
Address:		Occupation:	
Phone:		Company:	
Email Address:		Work Phone:	
		Relationship to Child:	

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

**PARENT/CAREGIVER 2'S DETAILS**

Family Name:		First Names:	
Address:		Occupation:	
Phone:		Company:	
Email Address:		Work Phone:	
		Relationship to Child:	

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

Child lives with:  Both parents  Parent \_\_\_  Shared Custody  Caregiver  Legal Guardian

Is there any further information or documentation you would like to share with us?

**Auckland Regional Dental Service (ARDS)** is a Te Whatu Ora-operated service providing free dental care to children across the greater Auckland areas. Our school roll will be shared with the service as required.

- I give permission for my child's contact information from the school roll to be shared with ARDS.  
 I do not give permission for my child's contact information from the school roll to be shared with ARDS.

**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).

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

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

**Learning and Behaviour needs:** Are there any issues or concerns you would like the school to be aware of when caring for your child? (eg anxiety, bereavement, or learning/behavioural difficulties). Are there any other comments you wish to make that will assist the school to ensure a smooth transition to Ponsonby:

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

If you have any concerns regarding class placement please contact [katief@ponsint.school.nz](mailto:katief@ponsint.school.nz)

- 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/Caregiver:

Date: