



**NAENAE INTERMEDIATE SCHOOL  
2019 ENROLMENT FORM  
"Fully focused on the Learner"**



<b>Child's family name:</b>	<b>Gender:</b> Male/Female	<b>Date of Birth:</b>
<b>Child's first names:</b>	<b>Preferred name:</b>	(Please enclose a copy of the birth certificate or passport.)
<b>Address:</b>		<b>Postal Code:</b>
		<b>Phone:</b>

<b>Ethnic group child relates to:</b>	<b>Maori:</b> (Please state Iwi.)	<b>Country of Birth:</b>
<b>Language(s) spoken at home:</b>	<b>Date of arrival to New Zealand:</b> (If applicable.)	<b>Permanent resident:</b> Yes/No  (If no, please attach appropriate visa documentation.)

<b>Last school attended:</b>	<b>Town:</b>	<b>Current year level:</b>
<b>Name of Brothers/Sisters currently attending Naenae Intermediate School:</b>		

<b>Mother/Caregiver first name and surname:</b>	<b>Address:</b>	<b>English speaker:</b> Yes/No
<b>Home Phone:</b>	<b>Cell phone:</b>	<b>Work Phone:</b>
<b>Email address:</b>		<b>Language(s) spoken at home:</b>

<b>Father/Caregiver first name and surname:</b>	<b>Address:</b>	<b>English speaker:</b> Yes/No
<b>Home Phone:</b>	<b>Cell phone:</b>	<b>Work Phone:</b>
<b>Email address:</b>		<b>Language(s) spoken at home:</b>

<b>Other Information: (Restricted Access etc):</b>
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<b>Emergency Contact:</b>	<b>Address:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell phone:</b>	<b>Work Phone:</b>
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<b>Home Phone:</b>	<b>Cell phone:</b>	<b>Work Phone:</b>

CUT OUT AND RETURN TO SCHOOL



<b>Medical</b>	
<b>Doctor's name:</b> _____	<b>Phone No.:</b> _____
Is there any medical, health or disability issues that the school should be aware of: _____	
<b>Allergies/Asthma:</b> _____	<b>Sight/Hearing/Other:</b> _____
<b>All diagnosed allergies need to provide the school with the action plan from the GP as well as an Asthma Action Plan.</b>	
Is the student on prescribed medication, please state reason and any other relevant information: _____	<b>Yes/No</b>
<b>Medication(s):</b> _____	
Please provide a copy of your child's Immunisation Form (located in your "Well Child Tamariki Ora Health Book").	
Is the student restricted from strenuous exercise or contact sport: If yes, please give details: _____	<b>Yes/No</b>
I agree to a staff member administering a Panadol tablet/Pamol to my child if required:	<b>Yes/No</b>
Signed: _____	Date: _____

<b>Permissions</b>	
Declaration by Parent/Caregiver: I agree to pay such sums levied by the Board of Trustees. I agree that my child complies with the rules of the school as set out in the prospectus, arrives on time and attends each day. I consent to the school obtaining records and information from previous schools.	
	<b>Yes/No</b>
I agree that my child will adhere to the <b>Uniform Expectations</b> as set out in the Prospectus.	
	<b>Yes/No</b>
<b>Computers and Internet</b> will be used according to the school policy document, a copy of which will be included in your Letter of acceptance.	
	<b>Yes/No</b>
<b>Cell phones</b> will only be used in accordance with the school's cell phone policy and must be handed to the Classroom teacher each day. The school will only be responsible for cell phones that are handed to the classroom teacher and put in "lock up" each day.	
	<b>Yes/No</b>
<b>Photo images</b> of my child may be used in conjunction with: <input type="checkbox"/> School publications <input type="checkbox"/> School class photos <input type="checkbox"/> School website <input type="checkbox"/> School Facebook page	
<b>Place a tick in the appropriate box if you agree.</b> Please note: All School Class Photos are placed in the Year Book and are also displayed in the school foyer.	
<b>School / Class Trips:</b> I give permission for my child to participate in school trips and events which may involve bus travel, transportation in the school minivan, staff vehicles, parent helper vehicles or walking to venues within a reasonable distance from Naenae Intermediate, during school hours: 8.30am-2.50pm. I also understand that we will be kept fully informed about these trips and events.	
	<b>Yes/No</b>
<b>Declaration by Student:</b> I will comply with the rules of the school, arrive on time and will act with common sense and consideration of others.	
Student Signature: _____	Date: _____

<b>Civil Emergency</b>	
In the event of a civil emergency, i.e. earthquake/flood, my child may be collected by: _____	
All attempts will be made to contact parents or caregivers to ask them to collect their child. In cases where the school is unable to contact parents or nominated caregivers, staff will enlist the help of those people named by you to take care of that child. This person should be known to the child. The child will be held at school until a designated person collects them.	
I understand that the information on this form will only be used for normal school procedures and routines in accordance with the "Guidelines for the Privacy Act 1993 - Principles 10 and 11".	

Students from Avalon, Belmont, Kelson, Eponi, Rata Street and Naenae Schools: return enrolment form to your School Office. Other schools please send to Naenae Intermediate School, Walters Street, Lower Hutt 5011.