



# NAENAE INTERMEDIATE SCHOOL 2012 ENROLMENT FORM



## STUDENT DETAILS

**Full Name:** \_\_\_\_\_  
*Legal First Name*
*Middle Names*
*Legal Surname*

**Preferred First Name:** \_\_\_\_\_ **Gender:** *(circle one)* Male / Female

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Day*
*Month*
*Year*

\_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Country born in:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Previous School:** \_\_\_\_\_

**Home Email Address:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

**Name of Brothers or Sisters currently attending Naenae Intermediate School:** \_\_\_\_\_ **Language Spoken at Home:** \_\_\_\_\_

\_\_\_\_\_ **Ethnicity - if applicable (up to 3):** \_\_\_\_\_

\_\_\_\_\_ **Iwi - if applicable (up to 3):** \_\_\_\_\_

\_\_\_\_\_

**Student Visa:** *(circle one)* Yes / No **Resident Visa:** *(circle one)* Yes / No  
*Please provide a copy.* *Please provide a copy.*

## CAREGIVER INFORMATION

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_ **Home Phone No:** \_\_\_\_\_

**Cell Phone No:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address if different from student:** \_\_\_\_\_ **Address if different from student:** \_\_\_\_\_

\_\_\_\_\_

**Work Phone No:** \_\_\_\_\_ **Work Phone No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Relationship to student (if not Mother)** \_\_\_\_\_ **Relationship to student (if not Father)** \_\_\_\_\_

**Other Information: (Restricted Access etc)** \_\_\_\_\_

## MEDICAL/HEALTH INFORMATION

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone No:** \_\_\_\_\_

Year of last Tetanus injection: \_\_\_\_\_

Please state any medical conditions, disabilities or illnesses the school should be aware of:

\* Naenae Intermediate School can hold medication in a secure cupboard if needed. If you would like medication to be held for your child please request and complete the Medication Form.

\* Please provide a copy of your child's Immunisation Form (located in your "Well Child Tamariki Ora Health Book").

## EMERGENCY INFORMATION

In the event of an emergency we may need to contact an adult to provide care for your child. Please give us the names and contact numbers of 3 people, other than those already named above, who could undertake this task. (We would always try to contact the parents/caregivers first.)

**1<sup>st</sup> Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Contact Phone No:** \_\_\_\_\_  
**Cell Phone No:** \_\_\_\_\_ **Lives with Child:** (circle one) Yes / No

**2<sup>nd</sup> Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Contact Phone No:** \_\_\_\_\_  
**Cell Phone No:** \_\_\_\_\_ **Lives with Child:** (circle one) Yes / No

**3<sup>rd</sup> Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Contact Phone No:** \_\_\_\_\_  
**Cell Phone No:** \_\_\_\_\_ **Lives with Child:** (circle one) Yes / No

## PARENT/CAREGIVER DECLARATION

I/We understand that enrolment at Naenae Intermediate School implies a commitment to appropriate behaviour and to study, as well as the wearing of correct school uniform. I consent to the School obtaining records and information from previous schools.

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

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