


Emergency Contacts: (details of 2 emergency contacts different from main caregiver, must be supplied.) 

1. **Name:**

Relationship to Student (e.g. Mother/Father/Aunt etc.):

Address:

Home Phone: **Work Phone:** **Mobile Phone:**

2. **Name:**

Relationship to Student (e.g. Mother/Father/Aunt etc.):

Address:


Medical Information:

Doctor: **Phone Number:**

Medical Problems / Allergies:	Degree: (e.g. mild, moderate)	Medication Required:
.....
.....
.....

OK for School to Administer Panadol: Yes / No

In case of severe medical conditions:

Please attach a copy of your child's medical plan or an action plan (short summary) in case of an emergency: 


Sensitive Information: (i.e. Custody issues, restricted access etc.)

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Copies of Documents (court orders/protection orders/parenting orders) Supplied to the School

(where applicable) :




Learning / Behaviour Needs: (Please state any special learning, ability or behaviour needs your child may have.)

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You must provide proof of address with this enrolment form.

Please enclose a copy of a recent power / rates account. 

Please fill out this section if the student has **English as a Second Language:**

Home Language: **Other Languages Spoken:**

Years speaking English (please circle) : None / 1 year or less / 2 years / 3 years / 4 years or more

Has the student been schooled in English? (please circle) : Yes / No

If the student has been schooled in English, for how long?:

Does the student read and write in English? : No / very little / yes, at a low level / yes, very good
(please circle)

Is there an English speaker at home who can help the student with homework : Yes / No

Do you have books in the student's home language which they can read?: Yes / No

Do you have a bi-lingual dictionary? (English and your home language): Yes / No

Would the student be able to stay after school for extra English and homework help?: Yes / No

Does the student have any learning difficulties or disabilities which may affect his or her progress?: Yes / No

Any other comments you wish to make?:

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.....

Parent / Caregiver Guarantee:

I hereby guarantee that :

- I have completed all relevant sections of the above form and the information supplied is correct
- I have supplied copies of documentation where applicable (i.e. Birth Certificate, Passport etc.)
- I will assume responsibility for the school donation
- my child will attend school regularly
- my child will abide by the school's rules, including the wearing of the correct Kowhai Intermediate School uniform

I understand that:

- The information on this form will be used by the school for educational purposes
- I am giving my permission for the school to include my child in routine health checks when necessary
- I am giving my permission to enable the dental authority to access my child's details
- names, addresses and phone numbers may be released to the BOT.

I give permission for:

- my child's records to be obtained from their previous school
- my child's records to be sent on to their next school upon their leaving Kowhai Intermediate.

Signature of Parent / Caregiver: **Date:**

Name: (Please print)

PARENT— CHECK LIST

All relevant documentation has been supplied:

Full Birth Certificate or NZ Passport

Copy of Proof of address (Power bill/Telephone bill, etc.)

Copy of Proof Sensitive Information (court orders, shared custody etc.) if applicable

Copy of Medical plan / short summary (Severe medical conditions) if applicable

Copy of the student's last report



If your child is not born in New Zealand, the following documentation is required!

Passport of country of Citizenship

Student Visa or Permanent Residence Permit or Citizen Certificate



If the child is living with Caregivers other than the biological parents the following documentation is required:

Legal adoption papers /court order or Signed letter form parents

Full birth certificate



Office Use Only

(Starting Date:/...../.....)

Year: Room:

Enrolment No.:

Entered in MUSAC:

Entered in ENROL:

ICT Teacher informed:

ESOL teacher informed:

National Student Number

WITHDRAWN/LEAVER

Date:

Reason:

Intended School:

Notes: