

KOWHAI INTERMEDIATE SCHOOL

26 Onslow Road, Kingsland, AUCKLAND 024

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ENROLMENT 2011

IN ZONE

OUT OF ZONE

Please tick appropriate box



Please Note



Student Details:

Full Name:
First Name Middle Name Family Name

Known As: **Gender:** Male / Female **Date of Birth:** / /
Prefers to be called (Please circle) Day/Month/Year

Copy of Birth Certificate Supplied:



Address:
No. Street Suburb

Siblings at Kowhai: (name).....

Home Phone: **Place in Family:**out of..... **Eldest:** Yes / No

Email Address:

Country of Birth: **First Language:**
(language spoken at home)

Previous School: **Class Level at Previous School:**

Ethnicity: 1. (main group you identify with e.g. Maori, Pakeha, Tongan etc.) 2. Other.....

Does student have any Maori ancestry?: Yes / No **If 'yes' which is your Iwi?:**

This section must be completed if the student was **Not Born in New Zealand**

Date Entered New Zealand: / / **Copy of Passport Supplied:**

New Zealand Citizenship: Yes / No (please circle)

Refugee Status (if applicable): Quota / Other **Copy of Documentation Supplied:**



Parent or Main Caregiver Details (person/s student lives with) :

Name/s: /

Home Phone: **Work Phone/s:** /

Mobile/s: /

Occupation/s: /

Relationship/s: (i.e. Mother, Father, Grandmother etc.) /

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

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)

