

# KOWHAI INTERMEDIATE SCHOOL

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## ENROLMENT 2011

IN ZONE

OUT OF ZONE

SAMOAN OPTION

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 lwi?:** .....

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:** .....

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

**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?:**

.....  
.....

**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) .....

