



MT ROSKILL INTERMEDIATE SCHOOL

ENROLMENT & HEALTH INFORMATION FORM – In Zone / Out of Zone

For Office Use Only	Year Level		In Zone / Out of Zone	
	Teacher/Room		NSN	

Please fill in both sides of this form and return to the school office, complete with original documentation listed in the checklist below:

- Evidence of Address (current utilities bill *e.g. phone, power*)
- NZ Birth Certificate *or* Birth Certificate and Passport

Student Details

First Name	
Last Name	
Preferred Name	
Date of Birth	
Gender	
Country of Birth	
Country of Citizenship	
Date of Entry to NZ	
Language(s) Spoken at Home	
Ethnicity(s)	
Previous School	

Primary Contact Details

Home Address	
Home Email	
Home Phone	

Health Details

Family Doctor	
Doctor's Practice	
Doctor's Phone	

Emergency Contact

Name	
Relationship	
Phone	

Primary Caregiver 1 (i.e. Parent)

Full Name	
Relationship	
Address	<i>(if different)</i>
Living with Child	
Email	<i>(if different)</i>
Phone (Mobile)	
Phone (Work)	
Workplace	
Birthplace	
Refugee Status	

Primary Caregiver 2 (i.e. Parent)

Full Name	
Relationship	
Address	<i>(if different)</i>
Living with Child	
Email	<i>(if different)</i>
Phone (Mobile)	
Phone (Work)	
Workplace	
Birthplace	
Refugee Status	

Please note most communication with parents is via email and mobile phone. It is essential that the school is provided with a valid email address and mobile phone number.

Siblings

Brothers/Sisters who have attended in the past or will attend in the future:

Name		Age	
Name		Age	
Name		Age	
Name		Age	

Sensitive Information

I.e. Custodial / Restricted Access

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Medical Conditions & Allergies

This form is comprehensive to assist Mount Roskill Intermediate School staff to help your child maintain good health and also to assist them in an emergency.

If your child has any medical issues we need to know about, please list them below.

I.e. asthma, diabetes, heart, epilepsy, allergy, sight/hearing, special needs, other

Medical Condition / Allergy		Severe / Moderate / Mild	
Medication Name <i>(if held at school)</i>			
Dosage		Frequency	
		Contact Caregivers	Yes / No

Medical Condition / Allergy		Severe / Moderate / Mild	
Medication Name <i>(if held at school)</i>			
Dosage		Frequency	
		Contact Caregivers	Yes / No

- In the event of a medical emergency the school may act on behalf of my child.
 School may administer panadol for pain relief.

Learning Needs

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Privacy Information

- I give permission for photos of my child to be used in school promotional material e.g. newsletters, website, prospectus.
 I give permission for the above information to be forwarded to appropriate educational health institutions.

Signed Parent/Caregiver		Date	
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