



MT ROSKILL INTERMEDIATE SCHOOL

ENROLMENT FORM - In Zone / Out of Zone

Confidential - for Mt Roskill Intermediate School records only

Please fully complete **all 3 pages** of this form, including signing the last page. Return this to the school office, complete with the required supporting documentation as listed on the last page.

IN ZONE / OUT OF ZONE <i>(please circle one)</i>		
STUDENT DETAILS		
First Name :	Family Name :	
Date of Birth : <i>(dd/mm/yyyy)</i>	Male / Female / Non-Binary / Other <i>(please circle one)</i>	
Home Address :		
Country of Birth :	Country of Citizenship :	
Date of Entry to NZ : <i>(dd/mm/yyyy)</i>	Ethnicity(s) :	
Refugee Status:	NZ Residency Status:	
Languages Spoken at home :		Current School :
PRIMARY CAREGIVER 1 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : <i>(if different from Child)</i>		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : <i>(company name)</i>	Phone Number (work):	Refugee Status : <i>(if applicable)</i>
PRIMARY CAREGIVER 2 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : <i>(if different from Child)</i>		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : <i>(company name)</i>	Phone Number (work):	Refugee Status : <i>(if applicable)</i>
EMERGENCY CONTACT - Alternative to Caregivers		
Full Name :		
Relationship :	Phone :	
SIBLINGS - brothers and sisters who have attended in the past or will attend in the future		
Name :	Date of Birth : <i>(dd/mm/yyyy)</i>	
Name :	Date of Birth : <i>(dd/mm/yyyy)</i>	

LIVING ARRANGEMENTS - i.e. Custodial / Restricted Access
<i>(Please provide details)</i>

DIAGNOSED LEARNING NEEDS FOR YOUR CHILD
<i>(Please provide details)</i>

HEALTH DETAILS - Medical Conditions and Allergies
<p>These details are required to assist Mt Roskill Intermediate School staff to best care for your child and to also assist them in the case of 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</p>

Medical Condition / Allergy					Severe / Moderate / Mild
Medication Name					
Dosage		Frequency		Contact Caregivers	Yes / No

Medical Condition / Allergy					Severe / Moderate / Mild
Medication Name					
Dosage		Frequency		Contact Caregivers	Yes / No

Please note: most communication from the school to parents is via email and mobile phone. It is essential that the school is provided with a current email address and mobile phone number. Please notify the school when there are any changes.

Privacy and Policy

Privacy Statement

The information collected on this enrolment application will be used by the school for enrolment purposes and forms an essential part of the information held by the school on your child. All information collected around your child's enrolment may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act 2020. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law. Information collected may include academic, learning support and pastoral support.

Privacy Act 2020 rights and obligations can be found at www.legislation.govt.nz

Please tick to confirm your acceptance of the following:

- I have read and understood the privacy statement as above
- I give permission for Mt Roskill Intermediate School to share information on my child to their future potential intermediate or secondary school.
- I give permission for Mt Roskill Intermediate School to approach my child's current school to request information which could include academic, learning support and pastoral support

- I give permission for school staff to administer general first aid. I agree that the school will take action on my behalf in the event of a sudden medical emergency (illness or injury). Staff are not permitted to give any medication without consent
- The school may administer panadol for pain relief

- I give permission for my child's name, image and school work to be displayed and published where appropriate e.g newsletter, school website, classroom displays, school promotion etc

By signing this form, I confirm that the information given in this enrolment application form is true, complete and accurate to the best of my knowledge.

Signed Parent/Caregiver		Date	
Name of Parent/Caregiver			

Checklist - Have you included the following documents and information:	
<input type="checkbox"/> Enrolment form is fully complete (please ensure all 3 pages are complete including the Privacy and Policy section and signing this final page) <input type="checkbox"/> Proof of Address - current utilities bill (within last 3 months, e.g power, phone or water)	<input type="checkbox"/> Signed ICT agreement <input type="checkbox"/> Birth Certificate <input type="checkbox"/> If born overseas, the child's Birth Certificate <u>and</u> their passport's photo page and visa page