

# South Wellington Intermediate School

## ENROLMENT FORM

STUDENT DETAILS			
Legal Surname:			
Legal First Names:			
Preferred Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Country of Birth:	
Ethnicity ( <i>up to three</i> ):			
If NZ Maori please state Iwi ( <i>if known</i> ):			
First Language:		Other Languages:	
Date of arrival in NZ ( <i>if born overseas</i> ):			
Siblings Currently Attending SWIS:			
Siblings who have been to SWIS: Name			Years:
Previous School ( <i>Please supply latest school report</i> ):			
PARENT DETAILS (1)			
Surname:		First Name:	
Address:			
Phone: Home		Mobile	Work
Email Address:		Occupation:	
Country of Birth:		Relationship to student:	
PARENT DETAILS (2)			
Surname:		First Name:	
Address:			
Phone: Home		Mobile	Work
Email Address:		Occupation:	
Country of Birth:		Relationship to student:	
CHILD LIVING WITH			
<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver

<b>CAREGIVERS DETAILS</b> <i>(If not living with Mother or Father)</i>		
Surname: Mr / Mrs / Ms / Miss		
First Name:		
Address:		
Phone: Home	Mobile	Work
Email Address:		
Relationship to Student:		
<b>EMERGENCY CONTACT</b> <i>(Not parent or caregiver)</i>		
Surname: Mr / Mrs / Ms / Miss		
First Name:		
Phone: Home	Mobile	Work
Relationship to Student:		
<b>HEALTH</b> <i>(Please provide details where relevant)</i>		
Condition:		
Medication:		
Allergies:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Details of allergies:		
Serious Problems: <i>(Please supply Action Plan from Doctors):</i>		
Support they will need in their learning because of any health, medical or physical conditions:		
Special Dietary Needs: <i>(Religious or Health)</i>		
I give the school permission to give my child paracetamol/panadol		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SPECIAL AGENCIES</b> <i>(Please tick and supply name of Support Agency and Key Worker)</i>		
<input type="checkbox"/> Behaviour Support		
<input type="checkbox"/> Learning Support		
<input type="checkbox"/> Speech/Language		
<input type="checkbox"/> Physical needs/conditions		
<input type="checkbox"/> Other		
<b>CUSTODIAL INFORMATION</b> <i>(Attach information or documentation as necessary)</i>		
Custody Arrangements:		
Access Restrictions:		
Court Order:		

**CYBER SAFETY**

1. I understand that images of my children, taken within an educational setting, may be used within our school and within the wider community. Only my child's/children's first name will be used.
2. I understand that the school may display examples of my child's class work within our school and throughout the wider community. Note: When publishing children's work or images, no personal details will be included.
3. I have read the Cyber Safety Agreement and give permission for my child to have access to the Internet and other communication technologies.

**SIGNED**

Parent / Guardian:

Date:

**PARENT PORTAL**

1. I have read the Parent Portal User Agreement and agree to access the portal in accordance with the agreement.
2. I affirm that I am the parent or legal guardian and have legal access to my child's information on the South Wellington Intermediate School parent portal.
3. I authorise South Wellington Intermediate School to send logon and password details to the e mail addresses as above.

**SIGNED**

Parent / Guardian:

Date:

**CONSENT FOR ACTIVITIES OUTSIDE OF SCHOOL GROUNDS**

1. I have read the Consent for Activities outside of School Grounds Agreement and agree to my child participating in learning experiences within the set mapped area and in accordance with the information outlined on the agreement.

**SIGNED**

Parent / Guardian:

Date:

## DECLARATION

- I understand that South Wellington Intermediate School will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.
- I will advise the school and complete a medical consent form should medication be required at school.
- The records from this information may be viewed on request at the school.
- I agree that my child will be dressed in the correct school uniform and abide by all the School regulations outlined in the prospectus and on our website.
- I understand that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupil's parents/caregivers. The information is kept in a student file and also in a computer database.
- I also agree to the school requesting relevant information from other schools for enrolment purposes/ class placements and forwarding relevant information to another school for enrolment purposes/ class placements.
- I certify that all the information written in this enrolment form is accurate.

## DOCUMENTATION *(Please supply upon submitting this form)*

- Original Birth Certificate/Passport
- Immunisation record

## SIGNED

Parent / Guardian:

Date:

## OFFICE USE ONLY

- SENCO alerted to special agencies category
- Birth Certificate or Passport attached
- Immunisation Certificate attached
- Copied for teacher