

South Wellington

Intermediate School

ENROLMENT FORM

Student Details		
Legal Surname:		
Legal First Names:		
Preferred Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date Of Birth:	Country of Birth:	
Ethnicity (up to three)		
If NZ Māori please state Iwi (If known)		
First language:	Other Languages:	
Date of arrival in NZ if born overseas:		
Siblings currently attending SWIS: Name		Years:
Previous School		
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		

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 parent portal.
3. I authorise South Wellington Intermediate School to send logon and password details to the email 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 altered to special agencies category
- Birth Certificate or Passport attached
- Immunisation Certificate attached
- Copied for teacher