



# PONSONBY INTERMEDIATE SCHOOL

## Enrolment Application

**Enrolment Requirements:** Please provide the following: Copy of Birth Certificate, Immunisation Certificate, Proof of Residence e.g. Tenancy Agreement, Rates Account, Power Bill. *Students must be at least 10 years old and not turn 14 while in Year 8.*

### PERSONAL INFORMATION

Year 7  Year 8 (please tick)

Gender: \_\_\_\_\_

Surname: _____ First Name: _____ Preferred Name: _____ Middle Name: _____ Address: _____ _____ Postal Code: _____ Home Phone: _____ Present School: _____ Iwi (NZ Maori) _____	Date of Birth: _____ Country of Birth: _____ Ethnicity: _____ Nationality (Passport): _____ If not NZ born, date of arrival in NZ: _____ NZ Residency <input type="checkbox"/> Yes <input type="checkbox"/> No Language spoken at home: _____ Other Languages spoken: _____ Date started at Primary School: _____
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### MEDICAL DETAILS

Do we have permission to administer Panadol tablets or liquid when necessary? No. of tablets  1  2  No  
 Does your child have any medical issues/ treatments we need to know about?  Yes  No

If Yes, please specify: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
 Doctor's Address/ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
 Dentist's Address/ Phone: \_\_\_\_\_

Shown Certificate  
  Hepatitis  
  Polio  
  Diphtheria  
  Tetanus  
  Pertussis  
  HIB  
  Measles  
  Mumps  
  Rubella

**IMPORTANT:** Please indicate who is the first point of contact: PARENT/CAREGIVER 1  PARENT/CAREGIVER 2

### PARENT/CAREGIVER 1 CONTACT DETAILS

Surname: _____ First Names: _____ Relationship to Child: _____ Address: _____ Phone: Home: _____ Mobile: _____ Email Address: _____ Company: _____	Living with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Access: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Work Phone: _____
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### PARENT/CAREGIVER 2 CONTACT DETAILS

Surname: _____ First Names: _____ Relationship to Child: _____ Address: _____ Phone: Home: _____ Mobile: _____ Email Address: _____ Company: _____	Living with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Access: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Work Phone: _____
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Please note: All communication with parents is via email so it is essential that the school is provided with a valid email address.

The below information is **very** important. Should your child fall ill at school and we are unable to contact you, the contact below is our next port of call.

### EMERGENCY CONTACTS

Surname:		Home Phone:	
First Name:		Work Phone:	
Relationship to child:		Mobile:	
Address:			

Surname:		Home Phone:	
First Name:		Work Phone:	
Relationship to child:		Mobile:	
Address:			

### Siblings who have attended or are currently attending this school:

Name:			Last year attended:	
Gender:		Room:		Year:

Name:			Last year attended:	
Gender:		Room:		Year:

### Learning and Behaviour needs, special needs (e.g. ESOL), Other Information/Requests: Custody Arrangements/Access Restrictions

### OFFICE USE ONLY

Date Received:	Siblings: Y / N
Attending Year:	Past/ Present
In Zone/ Out of Zone:	Documents Needed:
Additional Documents Provided:	