



## 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

### PERSONAL INFORMATION

Year 7  Year 8 (please tick)

Boy  Girl (please tick)

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

### 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT:** Please indicate who is the first point of contact for your child:  Mother  Father (please tick)

### MOTHER'S DETAILS

Surname:		Title:	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR
First Names:		Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home: <input style="width: 100px;" type="text"/>	Occupation:	<input style="width: 200px; height: 20px;" type="text"/>
Email:	Mobile: <input style="width: 100px;" type="text"/>	Work Phone:	<input style="width: 200px; height: 20px;" type="text"/>
Company:			

Please note: All communication with parents is via email so it is essential that the school is provided with a valid email address.

### FATHER'S DETAILS

Surname:		Title:	<input type="checkbox"/> MR <input type="checkbox"/> DR
First Names:		Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home: <input style="width: 100px;" type="text"/>	Occupation:	<input style="width: 200px; height: 20px;" type="text"/>
Email:	Mobile: <input style="width: 100px;" type="text"/>	Work Phone:	<input style="width: 200px; height: 20px;" type="text"/>
Company:			

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**EMERGENCY CONTACTS**

(This information is **very** important. Should your child fall ill at school and we are unable to contact you, these contacts cannot be the student's parents/ caregivers).

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**

Has this student ever been stood-down, suspended or excluded from school:  Yes  No

- I give permission for my child's first name, image or work to be published in the school newsletter, on the school website, or the wider online community.
- I DO NOT give permission for my child's first name, image or work to be published in the school newsletter, on the school website, or the wider online community.

Signature of Parent:

**OFFICE USE ONLY**

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