

PONSONBY INTERMEDIATE SCHOOL

Enrolment Application

IN ZONE	OUT OF ZONE
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Enrolment Requirements

Please provide the following: Copy of Birth Certificate or NZ Passport, Immunisation Certificate, Proof of Residential Address eg Tenancy Agreement (valid for at least 6 months from school commencement date), Rates Account or Power Bill, Copy of last school report.

Please refer to the Documentation Checklist prior to submitting an application.
Students must be at least 10 years old starting Year 7 and not turn 14 while in Year 8.

PERSONAL INFORMATION

 Year 7 Year 8 (please tick)

 Gender:

Surname:	<input style="width: 95%;" type="text"/>
First Name:	<input style="width: 95%;" type="text"/>
Preferred Name:	<input style="width: 95%;" type="text"/>
Middle Name:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	Postal Code: <input style="width: 100px;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>
Present School:	<input style="width: 95%;" type="text"/>
Iwi (NZ Maori):	<input style="width: 95%;" type="text"/>

Date of Birth:	<input style="width: 95%;" type="text"/>
Country of Birth:	<input style="width: 95%;" type="text"/>
Ethnicity:	<input style="width: 95%;" type="text"/>
Nationality (Passport):	<input style="width: 95%;" type="text"/>
If not NZ born, date of arrival in NZ:	<input style="width: 95%;" type="text"/>
NZ Residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken at home:	<input style="width: 95%;" type="text"/>
Other Languages:	<input style="width: 95%;" type="text"/>
Date started at Primary School:	<input style="width: 95%;" type="text"/>
Year Level at current school:	<input style="width: 95%;" type="text"/>

MEDICAL DETAILS

Do we have permission to administer Panadol tablets? No. of tablets 1 2 No

If your child usually takes Antihistamine, do we have permission to administer Antihistamine if required?
 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:

Immunisation Information provided: Immunisation Certificate
 Immunisation Declined written advice provided

Siblings who have attended or are currently attending this school:

Name:	<input style="width: 95%;" type="text"/>	Last year attended:	<input style="width: 95%;" type="text"/>
Gender:	<input style="width: 95%;" type="text"/>	Room:	<input style="width: 95%;" type="text"/>
		Year:	<input style="width: 95%;" type="text"/>

Name:	<input style="width: 95%;" type="text"/>	Last year attended:	<input style="width: 95%;" type="text"/>
Gender:	<input style="width: 95%;" type="text"/>	Room:	<input style="width: 95%;" type="text"/>
		Year:	<input style="width: 95%;" type="text"/>

IMPORTANT:

Please indicate who is the first point of contact for your child: Parent / Caregiver 1 Parent / Caregiver 2 (please tick)

PARENT/CAREGIVER 1'S DETAILS

Surname:		First Names:	
Address:		Occupation:	
Phone:		Company:	
Email Address:		Work Phone:	

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

PARENT/CAREGIVER 2'S DETAILS

Surname:		First Names:	
Address:		Occupation:	
Phone:		Company:	
Email Address:		Work Phone:	

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

Child lives with: Both parents Parent ___ Shared Custody Caregiver Legal Guardian

Please provide any formal custody arrangements, for example restricted access, court orders or parenting orders (must be supported by copies of relevant documentation)

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:			

Learning and Behaviour needs: Are there any issues or concerns you would like the school to be aware of when caring for your child? (eg anxiety, bereavement, or learning/behavioural difficulties). Are there any other comments you wish to make that will assist the school to ensure a smooth transition to Ponsonby:

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

If you have any concerns regarding class placement please contact katief@ponsint.school.nz

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/Caregiver:

Date: