



# Belmont Intermediate School

Leading Excellence in Intermediate School Education

## Student Enrolment Form 2016

For school office use only			
Room No	Year	Start Date	Entered

Checklist - Please note you will need the following documentation / information	
NZ or Australian Birth Certificate or Passport	Parent & Student Passports showing work/student visas
Utility Bill	Iwi (please state) _____

Details of the child to be enrolled					
First Name (Legal not preferred)	Preferred Name	Middle Name	Surname (Legal not preferred)		
Current Home Address				Date of Birth    /    /	
postcode				Brother/Sister attending this school _____	
				Sex	M

<b>Parent / Caregiver 1</b>	Relationship to child	Mr, Mrs, Ms etc	First Name	Surname	Home address, if different from your child's
	Daytime	Evening	Mobile		
					email:
<b>Parent / Caregiver 2</b>	Relationship to child	Mr, Mrs, Ms etc	First Name	Surname	Home address, if different from your child's
	Daytime	Evening	Mobile		
					email:
<b>Additional Contact</b>	Relationship to child		Mr, Mrs, Ms etc	First Name	Surname
	Daytime		Evening		Mobile
					email:

Ethnicity															
Was the child born in NZ? Yes / No    if yes, please provide a copy of the child's birth certificate or passport															
If born outside NZ, what is the child's status? (please circle one)															
Citizen      Permanent Resident      Student Visa      Date entered NZ _____															
Please tick the box that you believe best describes your child's ethnicity															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">NZ European</td> <td style="width: 25%; padding: 2px;">NZ Maori (please state Iwi)</td> <td style="width: 25%; padding: 2px;">Iwi</td> </tr> <tr> <td style="padding: 2px;">Chinese</td> <td style="padding: 2px;">Cook Island Maori</td> <td style="padding: 2px;">Niuean</td> </tr> <tr> <td style="padding: 2px;">Korean</td> <td style="padding: 2px;">Other Pacific Island</td> <td style="padding: 2px;">Other European</td> </tr> <tr> <td style="padding: 2px;">Fijian</td> <td style="padding: 2px;">Indian</td> <td style="padding: 2px;">Tongan</td> </tr> <tr> <td style="padding: 2px;">Samoan</td> <td style="padding: 2px;">Tokelauan</td> <td style="padding: 2px;">Other</td> </tr> </table>	NZ European	NZ Maori (please state Iwi)	Iwi	Chinese	Cook Island Maori	Niuean	Korean	Other Pacific Island	Other European	Fijian	Indian	Tongan	Samoan	Tokelauan	Other
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Samoan	Tokelauan	Other													
First Language _____ Country of Citizenship _____															

Doctor, health care & other specific arrangements	
Name of doctor, surgery address and phone number	Other medical information relevant to your child's development and school life ie hearing, sight, allergies, diabetes, epilepsy.
	<b>NB - If it is necessary to administer medication to your child, please complete the necessary form at the school office.</b>
Medication at School	
I agree that my child may be given Panadol (for headaches, pain) if necessary. Yes / No	
Special Needs	
Does your child have special educational needs? Yes / No	

## Out of School Activities

In accordance with the school's Education Outside the Classroom policy, I give permission for my child to participate in organised activities outside of the school grounds ie Zone Days, EOTC, class trips etc.

## Privacy Act

1. I give permission for the information to be stored and accessed by the Principal and staff of Belmont Intermediate School.
2. I understand that the information provided in this enrolment form may be passed to agencies of Belmont Intermediate School namely PTA, Board of Trustees and Waitemata District Health Board etc.
3. I understand that photographs may be taken of school activities which could include my son/daughter and be used on the school website, intranet, or for school publicity. Please email the school if permission is not granted to [office@belmontint.school.nz](mailto:office@belmontint.school.nz)
4. I agree to my email address/telephone number being used as part of the class telephone communication tree.

## School Policies

1. I confirm that I will support all the policies of the school, including the **full uniform policy**.
2. I confirm that I will read and sign all documentation related to use of devices and the BIS school internet.

## Accident / Illness / Emergency

I agree and understand that the school will take action on my behalf if I cannot be contacted in case of injury or sudden illness and I/we will meet the costs incurred.

I note and accept the above statement and believe the information provided in this form to be correct as of this date.

I will inform the school of any changes that may occur whilst my child attends the school.

Signed (parent or caregiver)		Date	
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