



## Details of parents and guardians

### Primary contact

*(the primary contact will be our first point of contact in case of an emergency and will also receive all correspondence such as newsletters, student accounts, teacher communications etc.)*

First name

Surname

Relationship to child (e.g. mother, father, stepmother, grandfather etc.)

Home address (if different from applicant's)

Email address

Home telephone number

Mobile number

### Secondary contact

First name

Surname

Relationship to child (e.g. mother, father, stepmother, grandfather etc.)

Home address (if different from applicant's)

Email address

Home telephone number

Mobile number

## Medical details

Please detail any medical conditions that your child has which the school should be aware of:

Please detail the action or treatment necessary for the medical condition(s):

*If it is necessary to administer medication to your child, please complete an additional medical form obtainable from the school office.*

Please detail any special educational needs that your child has:

Panadol - I give permission for the school to give my child Panadol for pain relief such as headaches.

Yes

No

### School policies

I confirm that I will support my child to abide by the school's policies, including the uniform policy.

I confirm that my child and I have read and signed the Digital Citizenship Programme agreement and have attached it to the enrolment application.

### Accident/illness/emergency

I acknowledge and give permission for the school to take action on my behalf if I cannot be contacted, in case of my child suffering injury, sudden illness or other emergency and I agree to pay for any costs incurred.

### Privacy Act

1. I acknowledge that these records will be held and used by Belmont Intermediate School and any other organisation or group that functions under the auspices of the school for any lawful activity that these bodies undertake.
2. I am aware of my rights to have access to the information, to request correction of it, to be informed of any action taken in response to such a request and to have attached to the information a statement that I have requested a correction. I agree to pay any reasonable charges in connection with these requests.
3. I acknowledge that the information may be provided to education authorities if required by law.
4. I acknowledge that photographs may be taken of school activities which may include my child and which may be used on the school website or other school publications. Please e-mail the school (office@belmontint.school.nz) if permission is not granted.
5. I agree to my name and contact details being included on a class list for circulation to all parents in my child's class.

### Signature

I have read the above statements relating to the school's policies, the school taking action on my behalf, if I am uncontactable, in the case of an emergency and the Privacy Act and I agree to these conditions. I hereby submit an application for a place at Belmont Intermediate School.

Signature of primary caregiver

Date

### Checklist

Please ensure you have completed and provided the following:

- Enrolment form
- Digital Citizenship Agreement (can be completed at appointment with International Student Director)
- Student's passport and visa - copy of passport personal details page and copy of visa page
- Parent's passport and visa (if travelling with a parent) - copy of passport personal details page and copy of visa page
- Medical insurance certificate
- Most recent school report

### Office use only

Room number	Year	Start date	Entered