



KAITAIA INTERMEDIATE SCHOOL ENROLMENT FORM - Year _____

Kaitaia Intermediate is a SMOKE FREE School

Child's Legal Surname: _____ **First Name/s:** _____ Would like to be known as _____

(This name must be the same as the birth certificate—please provide us with a copy as proof of identity)

Country of Birth _____ Birth Certificate Passport Citizenship _____

Other supporting documents: _____ Date of Birth: _____ Female/Male: _____

Address where child lives: _____ Town: _____

Postal Address: _____ Post Code: _____

Home Phone/s: _____ Cell: _____ Other contact _____

Last School Attended: _____ Previous Year Level: _____

Name/s of Caregiver/s Whom Pupil Lives With:

Caregiver No. 1 Name: _____ **Relationship to Child:** _____

Work Place: _____ Work Phone No.: _____ Occupation: _____ Cell: _____

E.mail address: _____ Permission to send newsletters sent via e.mail? Yes/No (Circle one)

Caregiver No. 2 Name: _____ **Relationship to Child:** _____

Work Place: _____ Work Phone No.: _____ Occupation: _____ Cell: _____

****It is ESSENTIAL that we have at least one telephone contact for your child in case of an emergency****

Emergency Contact #1 (different to the person/s above):	Name of Emergency #2 (different to the person/s above)
Name: _____	Name: _____
Phone No: _____ / _____	Phone No: _____ / _____
Work/Other: _____ / _____	Work/Other: _____ / _____
Address: _____ _____	Address: _____ _____
Relationship to Child: _____	Relationship to Child: _____

Name of Doctor: _____ **Medical Centre:** _____

Specify any medical problems and/or medication required: _____

I understand that the school will take action on my behalf in a case of injury or sudden illness

I would like my child to be in a bilingual class next year (limited spaces available—enrol between Oct-Dec to guarantee a place:
Yes No

Child's Ethnic Group (Please tick/list as many as required)

NZ Maori Cook Island Maori NZ European Other (Please state) _____

Iwi Affiliation/s: (List in order of priority) 1) _____ 2) _____ 3) _____

Signature of Parent/Guardian: _____

Please advise the school office by phone or letter of any changes of address / home phone / work number or emergency number you may have during the year. PTO

Year: 7 / 8	Office Use Only	Room: _____
Teacher: _____	NSN: _____	

Office Use Only	Date Started: _____
Date loaded in ENROL: _____	Date loaded in SMS: _____

INFORMATION PRIVACY

I agree to Kaitaia Intermediate School collecting personal information on:

(Name of Pupil)

I have been advised by

that the information I provide will be used for:

Kaitaia Intermediate School

- | |
|---|
| <ul style="list-style-type: none"> • Enrol—Electronic School Student Enrolment Register • Student Management System • Accounting purposes of the School • Public Health Nurse • Dental Clinic • Ministry of Education or its agents if requested • Te Tai Tokerau Attendance Service |
|---|

I understand that the Enrolment Record will be requested from the previous school, updated and passed on to the subsequent school that _____ attends.

I accept the fact that this information may later be used for statistical and / or Research purposes and I agree to its use for such purposes, provided that if the information is published in any way, it will not identify me or the individual concerned.

I understand that while enrolled at Kaitaia Intermediate School, the information that I will provide will be held at the offices of the Kaitaia Intermediate School, 45 North Road, Kaitaia.

I am aware that I have the right of access to the Enrolment Record for my child, and can request a copy of this information.

Signed _____ Date: _____

Parent / Legal Guardian / Agent
(Please delete those not applicable)

Has your child been suspended/stood down from any school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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PHOTO PERMISSION

Occasionally your child's photo may appear in digital and print media reflecting positive school life at Kaitaia Intermediate School. These photos could appear on our school's Facebook page, newsletters, school magazines and local media. If you DO NOT wish any image of your child to be used please complete this section and ensure the office is advised.

YES / NO (please circle)

Name: _____ Signed: _____ Date: _____

Please send back to Kaitaia Intermediate School:

	Enrolment Form / Information Privacy
	If previous schools have not recorded evidence of sighting any documentation, we will require: your child's original Birth Certificate or certified copy (Ministry of Education requirement), or passport, or certificate of naturalisation or registration. If Australian—copy of passport. NZ resident—please provide passport with NZ residence class visa label or stamp.
	Teaching & Learning Notes
	Court Order (if applicable)
	Kaitaia Intermediate School Expectations
	Completed Bus forms (if required and eligible)
	Cyber Safety Agreement
	Technology Agreement