



# ENROLMENT FORM

## Year 7 2012

<b>STUDENT</b>	SURNAME	BOY/GIRL
	FIRST NAMES	DATE OF BIRTH    ____/____/____
	PREFERRED NAME	Present School
	ADDRESS	Siblings currently at N.I.S.
	_____	Place in family _____ of _____
	_____	Siblings previously at N.I.S.
	POST CODE:	

<b>PARENTS / CAREGIVERS</b>	PRIMARY CAREGIVER(S) (Who student lives with) NAME	Relationship to Student
		Occupation
	ADDRESS	Contact Details – Home Ph _____
	_____	Work Ph _____
	_____	Cell Ph _____
	_____	Email _____
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	OTHER CAREGIVER(S) NAME	Relationship to Student
		Occupation
	ADDRESS	Contact Details – Home Ph _____
	_____	Work Ph _____
	_____	Cell Ph _____
	_____	Email _____

<b>ETHNIC ORIGIN</b>	STATISTICAL INFORMATION MINISTRY OF EDUCATION...					
	Please tick the appropriate box indicating the ethnic origin of the applicant.					
	NZ Maori	<input type="checkbox"/>	Iwi	<input type="checkbox"/>		<input type="checkbox"/>
	NZ European/Pakeha	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Chin	<input type="checkbox"/>
	Other European	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	Samoan	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Nepalise	<input type="checkbox"/>
	Cook Island Maori	<input type="checkbox"/>	Burmese	<input type="checkbox"/>	South African	<input type="checkbox"/>
	Tongan	<input type="checkbox"/>	Thai	<input type="checkbox"/>		<input type="checkbox"/>
	Other – please specify	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

<b>HEALTH</b>	Are there any health problems, disabilities or illness the school should be aware of YES <input type="checkbox"/>	
	If "yes", please specify _____ NO <input type="checkbox"/>	
	Medication _____	
	Name of Family Doctor _____	Phone No. _____
	Name of Emergency Contact _____	Phone No. _____

<b>STUDENT WELFARE</b>	<p>Please indicate any information about guardianship or custody of your child about which the school should be aware: in particular, note any person who is not permitted access to the child.</p> <p>_____</p> <p>_____</p> <p>Is there any further information about your child which could affect learning while at N.I.S.</p> <p>_____</p> <p>_____</p>
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<b>ACADEMIC</b>	<p>I wish to have my child considered for the Extension class. This class caters for students with intellectual ability. <span style="float: right;">YES / NO</span></p> <p>I wish to have my child considered for the Te Pitau Whakarei Te Reo Extension Whanau unit. This caters for students who may be bilingual and have a strong interest in Tikanga Maori. <span style="float: right;">YES / NO</span></p>
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<b>STATUS</b>	<p>For those students not born in New Zealand we require a copy of the passport showing residency status or a copy of the New Zealand citizen certificate. Please attach this to the enrolment form.</p> <p>For Non English speaking students we require date of entry into N.Z. _____</p> <p>An interview with the ESOL team is required.</p> <p>What language is spoken at home?</p>
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<b>DECLARATION</b>	
<p>I wish my child to be enrolled at Nelson Intermediate School and understand that the school will take action on my behalf in case of sudden illness or injury.</p> <p>I agree to support the school's Code of Conduct.</p> <p>I give permission for the school to pass on any relevant school records to another school or institution associated with the education of my child.</p> <p>Signed _____ (Parent/Caregiver)</p> <p>_____ (Student)</p> <p>Date _____</p>	

<b>SCHOOL FEES</b>	
Annual Donation	
per student	\$50
	/ \$60 family
Compulsory Payment	
<i>(covers paper charge, Technology &amp; Art)</i>	
per student	\$100
Instalment payments acceptable.	

<b><u>FOR OFFICE USE ONLY</u></b>	
Date child started	_____
Placed in Room	_____
Teacher	_____
Entered on computer	_____
Entered on ENROL	_____