



ENROLMENT FORM

Year 8 2012

STUDENT	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:	

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

	OTHER CAREGIVER(S) NAME	Relationship to Student
		Occupation
	ADDRESS	Contact Details – Home Ph _____
	_____	Work Ph _____
	_____	Cell Ph _____
	_____	Email _____

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

HEALTH	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. _____

STUDENT WELFARE	<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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ACADEMIC	<p>I wish to have my child considered for the Extension class. This class caters for students with intellectual ability. YES / NO</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. YES / NO</p>
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STATUS	<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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DECLARATION

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.

I agree to support the school's Code of Conduct.

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.

Signed _____ (Parent/Caregiver)

_____ (Student)

Date _____

SCHOOL FEES

Annual Donation

per student \$50
 / \$60 family

Compulsory Payment
(covers paper charge, Technology & Art)

per student \$100

Instalment payments acceptable.

FOR OFFICE USE ONLY

Date child started _____

Placed in Room _____

Teacher _____

Entered on computer _____

Entered on ENROL _____