

<b>ACADEMIC</b>	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>
	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>

<b>STUDENT WELFARE</b>	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.  _____
	Is there any further information about your child which could affect learning while at N.I.S.  _____

<b>STATUS</b>	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.
	For Non English speaking students we require date of entry into N.Z. _____

**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 \_\_\_\_\_

<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	_____
Dental Clinic notified	_____



# ENROLMENT FORM

## Year 7 2010

<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		Iwi							
	NZ European/Pakeha		Niuean		Chinese					
	Other European		Fijian		Other Asian					
	Samoan		Tokelauan		Indian					
	Cook Island Maori		Other Pacific Is.		South African					
	Tongan		South East Asian							
	Other – please specify									

<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. _____	