

# Waimahia Intermediate School

"Engaged, Achieving, Confident in Our Identity"

44 Palmers Road, Clendon, Manurewa 2242, PO Box 88034 Phone: (09) 266 7455 Fax: (09) 266 1167 Email: admin@waimahia.school.nz



Last Name: _____		Date of Birth: ____/____/____
First Name/s: _____		Boy / Girl:
Address: _____ _____		Ethnicity: _____
Home Phone: _____ Mobile: _____		Iwi: _____
Previous School: _____		Do you give consent for your child to take the following medication for headaches?
		Panadol <input type="checkbox"/>
		Paracetamol <input type="checkbox"/>
		Other (please list)
Languages spoken at home: 1. _____ 2. _____		
Parents Place of Birth: _____ Permanent Residence: YES / NO		
<b>Please complete if student was NOT born in New Zealand</b>		
Date arrived in New Zealand: ____/____/____		
Date of expiry of Permit: ____/____/____		
<b>Immigration Status:</b>		<b>Student's Country of Birth:</b> _____
<b>Tick ONE of the following:</b>		
<input type="checkbox"/> Permanent NZ Resident:		
<input type="checkbox"/> Work Permit:		
<input type="checkbox"/> Student Permit:		
<input type="checkbox"/> Refugee		
<input type="checkbox"/> Other:		
<b>CUSTODY/ACCESS ARRANGEMENTS</b> I/We have got custody of this child: YES/NO If no, please explain:		<b>Office Use Only</b> CLASS: YEAR: 7 / 8 Room: NSN Number: Enrol Number: Whanau Group:
Have you a court order issued: YES/NO		
<b>Parents Not living at the same address as student:</b> Mother <input type="checkbox"/> Father : <input type="checkbox"/>		
Mother/Guardian: _____ Phone: _____		
Occupation: _____ Work Phone: _____		
Mobile: _____ Email: _____		
Father/Guardian _____ Phone: _____		
Occupation: _____ Work Phone: _____		
Mobile: _____ Email: _____		

Emergency Contact Details:

(1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Information (likes; dislikes; academic strengths/weaknesses; sporting interests; hobbies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/ Guardian Consent**

*Please read and tick boxes:*

- Vision & Hearing screening for Year 7 Students ONLY
- I give permission for my child to engage with the school counsellor
- I give permission for my child to engage with the school social worker
- I give permission for my child to travel to outside venues when representing Waimahia School at sports and cultural events. EOTC, camp, class trips
- I consent to my child participating in trips within walking distance of Waimahia School. (eg to shops, parks etc)
- I consent to my phone number and address being included on lists for such purposes as parent support, social events and community liaison.
- I have downloaded the Waimahia School App to my mobile device (Skool Loop App, FREE to download)

**Declaration of Intent**

I agree that, if accepted at Waimahia School, \_\_\_\_\_ will:

- attend regularly and punctually
- wear correct and tidy uniform at all times
- always uphold our school-wide expectations & 3 core values (Mana, Manaakitanga, Mātauranga)

**Privacy**

In terms of the Privacy Act (1993), I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of student information to appropriate education and health authorities, within the limitations of the Privacy Act. I further approve the forwarding of my child's name and address on request to a potential intermediate and secondary school.

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_