

Waimahia Intermediate School

“Engaged, Achieving, Confident in Our Identity”

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



Legal Name: First & Last: _____	Date of Birth: ____/____/____
Preferred Name First & Last: _____	Country of Birth: _____
Address: _____ _____	Gender: Boy / Girl:
(Proof of Address MUST be submitted, eg. Power, Water Bill etc.)	Ethnicity Groups: _____
Home Phone: _____ Mobile: _____	Iwi / Hapu _____
<input type="checkbox"/> In Zone	Languages Spoken: _____
<input type="checkbox"/> Out of Zone (* A separate form is required for an Out of Zone enrolment)	_____

Parent / Caregiver Details (1)

Legal Name: First & Last _____	Country of Birth: _____
	Primary Caregiver: Yes / No
	Relationship to Child: _____
Home Address: (if different to pupil) _____	
Occupation: _____	
Home Phone: _____	Work Phone: _____
Mobile: _____	Email: _____

Parent / Caregiver Details (2)

Legal Name: First & Last _____	Country of Birth: _____
	Primary Caregiver: Yes / No
	Relationship to Child: _____
Home Address: (if different to pupil) _____	
Occupation: _____	
Home Phone: _____	Work Phone: _____
Mobile: _____	Email: _____

Emergency Contact Details (1)

Legal Name: First & Last

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Emergency Contact Details (2)

Legal Name: First & Last

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Custody:

Is there a court order issued? YES / NO (**Attach further information as required*)

Learning and Behaviour:

- Strengths, interests, and areas for improvement.

- Special needs support / resourcing / agencies supporting your child.

- Other information.

Permissions: (*Please tick box if you consent*)

- I give permission for my child’s image to be used where appropriate eg. Newsletter, school website, classroom displays, etc.
- I give permission for the school staff to administer first aid. Staff are not permitted to give any medication without a separate signed consent form.
- I give permission for my email to be used for newsletters, notifications, fundraising, initiatives, and emergencies such as evacuations and lockdowns, etc.
- I give permission for my child to engage with the school social worker.
- I give permission for my child to participate in trips within walking distance of Waimahia Intermediate School.
- I have downloaded the FREE Skool Loop App and chosen Waimahia Intermediate School to support communication with the school.

Privacy Statement

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected maybe disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Parent Declaration

I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies, that my child's work and image maybe used in accord with the school's online publishing policy/procedures and that the school may forward my child's name and address to a potential secondary school. All information that I have provided is true and correct.

Signature

(By signing this below, I confirm that the information given in this form is true, complete, and accurate).

_____ Date: _____

FOR OFFICE USE ONLY

Year Level: 7 / 8

Room: _____

NSN Number: _____

Enrolment Number: _____

Whanau Group: _____

Date of Birth Verification: Birth Certificate Number Passport Number ENROL