



# WHANGANUI INTERMEDIATE SCHOOL

## 2019 Enrolment Application



### STUDENT DETAILS:

Male  Female

Year Level in 2019: Year 7  Year 8

Legal Surname:

Legal First Names:

Preferred Surname:

Preferred First Names:

Date of Birth:

Country of Birth:

Ethnicity:

Iwi Affiliation:

Last School Attended:

Other languages:

Name of sibling/s who have attended Whanganui Intermediate School:

Name of parent who was a former student of Whanganui Intermediate:

### CONTACT DETAILS:

Most communication with caregivers is via email and mobile phone. It is essential that the school is provided with a valid and current email address and mobile phone number where a message can be left.

**Primary Contact:** Use only "Restricted Access" and "custody" where custody is an issue. Please nominate one bill payer.

Surname:

First Name:

Relationship to student:

Title: Mr  Mrs  Ms  Miss

Home Phone:

Work Phone:

Mobile Phone:

Email:

Address:

Student lives at this address Yes  No

Bill Payer  Restricted Access  Custody  Absence Txt Notification

**Secondary Contact:** Use only "Restricted Access" and "custody" where custody is an issue. Please nominate one bill payer

Surname:

First Name:

Relationship to student:

Title: Mr  Mrs  Ms  Miss

Home Phone:

Work Phone:

Mobile Phone:

Email:

Address:

Student lives at this address: Yes  No

Bill Payer  Restricted Access  Custody  Absence Txt Notification

**Custody/Access arrangements about which the school should be aware:** (The school can only comply with Court Order Issued Yes/No/NA legal Court Orders)

Extra copy of school report to:

Relationship to student:

Address:

Email:

## EMERGENCY CONTACTS

*This information is very important should your child fall ill at school and we are unable to contact you. Please do not put your own name here. We need the name(s) of another person we can reach in an emergency.*

Surname:

Home Phone:

First Name:

Mobile Phone:

Relationship to child:

Work Phone:

## MEDICAL CONDITIONS AND ALLERGIES

Separate forms will need to be completed for the administration of medication.

Does your child have any medical issues/treatments we need to know about? Yes  No

Medical Condition :

Severity: (please tick) Emergency Care required  Contact Caregivers  Moderate Risk  Low Risk

Is medication held at school? Yes  No

Name of medication:

In an emergency school may act on behalf: Yes  No

Doctors name:

If the need arises, do you permit the school to administer Panadol to your child? Yes  No

## OTHER INFORMATION

*Please advise if there are any particular needs your child may have, e.g. health and/or learning and behaviour needs or issues the school should be made aware of.*

Are there any other Agencies working with the student? i.e. RTLB, Group Special Ed, Te Oranga Tamariki, CAMHS etc.

## UNIFORM

*In consultation with parents, a functional and attractive uniform has been selected to give our pupils a sense of belonging and pride. We insist that:*

- All clothing is named.
- High Standards of dress are maintained and that pupils wear the correct uniform every day.
- Our pupils are clean and tidy.
- Boys shoes are black leather lace-up. Girls shoes are black leather lace-up or black leather with a single strap. Black roman sandals are an option for both boys and girls.
- Jewellery is confined to a wrist watch and one stud per ear. Please note that rings and dangling earrings are potentially dangerous and are thus prohibited.
- Pupils do not wear make-up, fingernail polish or hair products, nor tint or dye their hair.
- Long hair must be tied back for safety reasons.

Yes I agree

Whilst attending Whanganui Intermediate School my child's name and image may appear in the school newsletter and on the school website.

School Newsletter: Yes  No

School Website: Yes  No

## PRIVACY INFORMATION

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 may be 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.

**I/We certify that the information given in this application form is correct and I/We agree that my son/daughter will abide by the school rules of Whanganui Intermediate.**

Signed:  
Parent/Caregiver

Date: