



MT ROSKILL INTERMEDIATE SCHOOL

ENROLMENT FORM - In Zone / Out of Zone

Confidential - for Mt Roskill Intermediate School records only

Please fully complete **both (2) pages** of this form, including signing the last page and return to the school office, complete with copies of the original documentation listed in the checklist below:

- Proof of Address - current Utilities Bill (within the last 3 months) e.g. *phone, power*
- Child's NZ Birth Certificate **or if from overseas**; the child's Birth Certificate and their Passport's photo page and visa page]

IN ZONE / OUT OF ZONE <i>(please circle one)</i>		
STUDENT DETAILS		
First Name :	Family Name :	
Preferred Name :	Date of Birth : <i>(dd/mm/yyyy)</i>	Male / Female
Home Address :		
Country of Birth :	Country of Citizenship :	
Date of Entry to NZ : <i>(dd/mm/yyyy)</i>	Ethnicity(s) :	
Languages Spoken at home :		Previous School :
PRIMARY CAREGIVER 1 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : <i>(if different from Child)</i>		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : <i>(company name)</i>	Phone Number :	Refugee Status : <i>(if applicable)</i>
PRIMARY CAREGIVER 2 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : <i>(if different from Child)</i>		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : <i>(company name)</i>	Phone Number :	Refugee Status : <i>(if applicable)</i>

Please note: most communication with parents is via email and mobile phone. It is essential that the school is provided with a current email address and mobile phone number. Please notify the school when there are any changes.

EMERGENCY CONTACT - Alternative to Caregivers	
Full Name :	
Relationship :	Phone :

SIBLINGS - brothers and sisters who have attended in the past or will attend in the future	
Name :	Date of Birth : (dd/mm/yyyy)
Name :	Date of Birth : (dd/mm/yyyy)
Name :	Date of Birth : (dd/mm/yyyy)

SENSITIVE INFORMATION - i.e. Custodial / Restricted Access And / Or PARTICULAR LEARNING NEEDS FOR YOUR CHILD
<i>(Please provide details)</i>

HEALTH DETAILS	
Family Doctor's Name :	Doctor's Practice :

Medical Conditions and Allergies
<p>These details are required to assist Mt Roskill Intermediate School staff to best care for your child and to also assist them in the case of an emergency. If your child has any medical issues we need to know about, please list them below. i.e Asthma, diabetes, heart, epilepsy, allergy, sight/hearing, special needs, other</p>

Medical Condition / Allergy		Severe / Moderate / Mild			
Medication Name (if held at school)					
Dosage		Frequency		Contact Caregivers	Yes / No

Medical Condition / Allergy		Severe / Moderate / Mild			
Medication Name (if held at school)					
Dosage		Frequency		Contact Caregivers	Yes / No

Please tick to acknowledge the following:

- In the event of a medical emergency the school may act on behalf of my child.
- School may administer panadol for pain relief.
- The above information may be provided to approved educational/health institutions.

Privacy Information - Please tick to agree:

- I give permission for photos of my child to be used in school promotional material e.g. newsletters, website, prospectus.

Signed Parent/Caregiver		Date	
Name of Parent/Caregiver			