

**ENROLMENT FORM 2021**

Welcome to the first stage of enrolling at Greenmeadows Intermediate School.

Please complete this form and return with the following documents attached.

* Parent Permission form
* Student Agreement forms
* A copy of NZ birth certificate OR
* A copy of your passport if not born in NZ
* Relevant visa permits if not a permanent resident
* BYOD form if your child intends to bring their own device.

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| **STUDENT BASIC DETAILS** | | | |
| **Legal Names: (**Legal Names are the names that appear on this child’s birth certificate or passport) | | | |
| **First Name (legal)** |  | | |
| **Last name (legal)** |  | | |
| **Middle Name** |  | | |
| **Preferred Names** (These are the names that this child is known by. These may be the same as the legal names). | | | |
| **First Name (preferred)** |  | | |
| **Last Name (preferred)** |  | | |
| **Date of Birth** |  | **Gender (circle)** | Male Female |
| **Home Address** | Number & Street Name |  | |
| Town |  | |
| Postcode |  | |

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| **PRIMARY CONTACTS:** | | | |
| **Contact 1** | First Name |  | |
| Last Name |  | |
| Street Number & Street name |  | |
| Town |  | |
| Postcode |  | |
| Email Address |  | |
| Mobile Phone Number |  | |
| Landline Phone Number |  | |
| Work Phone Number |  | |
| Occupation |  | |
| Lives with the student? | Please circle | Yes No |
|  | | | |
| **Contact 2** | First Name |  | |
| Last Name |  | |
| Street Number & Street name |  | |
| Town |  | |
| Postcode |  | |
| Email Address |  | |
| Mobile Phone Number |  | |
| Landline Phone Number |  | |
| Work Phone Number |  | |
| Occupation |  | |
| Lives with the student? | Please circle | Yes No |

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| **EMERGENCY CONTACTS:**  **(Who should the school contact in the case of an emergency if the primary contacts are unreachable?)** | | | |
| **EmergencyContact 1** | First Name |  | |
| Last Name |  | |
| Street Number & Street name |  | |
| Town |  | |
| Postcode |  | |
| Mobile Phone Number |  | |
| Landline Phone Number |  | |
| Work Phone Number |  | |
| Relationship to student? |  | |

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| **EmergencyContact 2** | First Name |  | |
| Last Name |  | |
| Street Number & Street name |  | |
| Town |  | |
| Postcode |  | |
| Mobile Phone Number |  | |
| Landline Phone Number |  | |
| Work Phone Number |  | |
| Relationship to student? |  | |

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| **Non-Custodial Parent Access** | | | |
| Legal guardians have a right to be involved in all significant matters affecting their child’s upbringing, unless those rights have been overruled by a court order. In saying this, the welfare of the child is the most important consideration, and all decisions made by the school will reflect this.  It is important that if protection or court orders exist for your child, that copies are attached to this enrolment. Feel free to make an appointment with the Principal or Deputy Principal if you wish to discuss the circumstances in confidence. | | | |
| **Is there a custody order in place?** | Please circle: | | Yes No |

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| **STUDENT ETHNIC INFORMATION** | | | |
| **Ethnicity 1** |  | | |
| **Ethnicity 2** |  | | |
| **Iwi (if Maori)** |  | | |
| **Country of Citizenship** |  | | |
| **What is your child’s first language?** |  | | |
| **List any other languages they speak** |  | | |

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| **STUDENT EDUCATION** | | | |
| **Current School or Previous School** |  | | |
| **If coming from another intermediate school, what were your reasons for leaving?** |  | | |
| **Has your child ever been stood down or excluded from a school?** | Please circle | | Yes No |

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| **TELL US ABOUT YOUR CHILD** | | | |
| Are there other family members currently attending our school? Or previously? |  | | |
| What are your child’s particular passions, talents and hobbies?  What activities outside of school are they involved in? |  | | |
| Does your child have special abilities or special needs that you would like us to know about so we can ensure their educational needs are well catered for when they start our school? |  | | |
| **MEDICAL INFORMATION** | | | |
| Does your child have any medical conditions we need to know about? |  | | |
| Who is your family doctor? | Doctors Name: | |  |
| Clinic/Medical Centre | |  |
| Phone Number | |  |
| I give permission for my child to receive Panadol or Ibuprofen if needed. | Please circle: | | Yes No |
| **IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD?** | | | |
| (eg: involvement with other agencies etc) | | | |

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

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