

**ENROLMENT FORM 2022**

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

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

* All permission & agreement forms
* A copy of NZ birth certificate **OR**
* A copy of your passport if not born in NZ
* Relevant visa permit documentation if not a NZ resident.
* BYOD form if your child intends to bring their own device.
* Mana Kidz Consent Form

| **STUDENT BASIC DETAILS** | | | |
| --- | --- | --- | --- |
| **Legal Names: (**Legal Names are the names that appear on this child’s birth certificate or passport) | | | |
| **First Name** |  | **Last name** |  |
| **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 |  | |

| **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 |
| Relationship to student? |  |  |
|  | | | |
| **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 |
| Relationship to student? |  |  |

| **EMERGENCY CONTACTS:**  **(This is someone the school can contact in an emergency if the primary caregivers (above) 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? |  | |

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

| **STUDENT ETHNIC INFORMATION** | | | |
| --- | --- | --- | --- |
| **Country of Birth** |  | | |
| **Country of Citizenship** |  | | |
| **Arrival date if born overseas** |  | | |
| **Ethnicity 1** |  | | |
| **Ethnicity 2** |  | | |
| **Iwi** |  | | |
| **Language spoken at home.** |  | | |

| **TELL US ABOUT YOUR CHILD** | | | |
| --- | --- | --- | --- |
| **Current School or Previous School** |  | | |
| **Current Year Level** |  | | |
| **Intended Start Date** |  | | |
| **Has your child ever been stood down or excluded from a school?** | Please circle | | Yes No |
| **Names of other siblings who have attended or are going to attend our school.** |  | | |
| **What are your child’s special abilities - eg, any particular capabilities, passions, interests, talents and hobbies?** |  | | |
| **Does your child have learning or behaviour needs that you would like us to know about so we can ensure these 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 pain relief (ie Panadol or Ibuprofen) if needed. | **Please circle:** | | Yes No |

| **Non-Custodial Parent Access** | | | |
| --- | --- | --- | --- |
| **Is there a custody order in place?** | Please circle: | | Yes No |
| 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. | | | |

| **Enrolment in bilingual/rumaki class** | | | |
| --- | --- | --- | --- |
| From 2022 our kura will have a bilingual class where students will be taught in Māori for between 7.5 and up to 12.5 hours a week. Students in this class will have access to the specialist programme and the same extracurricular opportunities as all other students. Please indicate below if you wish your child to be enrolled in this class. Please note that we can only accommodate 26 students in total for next year. If the class is oversubscribed, we will prioritise students who have already received Māori immersion education at their current school to maintain their bilingual pathway. | | | |
| **I would like my child to enrol in the bilingual/rumaki class.** | Please circle: | | Yes No |
| Please tell us why you would like your child to be enrolled in this class. Someone will contact you to get more detailed information and confirm whether there is space for your child in this class. | | | |

| **FINALLY:**  **IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD?** | | | |
| --- | --- | --- | --- |
|  | | | |

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

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