

# MURRAYS BAY INTERMEDIATE SCHOOL ENROLMENT FORM



Yr7: Rm ..... Yr8: Rm ..... Start Date: ...../...../..... eTap Student No. ....

Enrol  asTTle  Mathletics  KNet  School-links

Office  
Use  
Only

<b>PERSONAL DETAILS</b>	
Surname: _____ First Names: _____	
Preferred Name: _____ Date of Birth: ...../...../..... Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Address where student lives: _____	
Post Code: _____ Home Phone: _____ Student's Mobile Phone: _____	

<b>ADULT WITH WHOM STUDENT LIVES</b>	
<i>(Note: This email address will be uploaded to School Links for school/parent communication purposes)</i>	
<b>Caregiver 1</b> Relationship: _____ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>  Surname: _____ First Name: _____ Occupation: _____ Name of Business: _____ Work Phone: _____ Mobile Phone: _____ Email Address: _____	<b>Caregiver 2</b> Relationship: _____ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>  Surname: _____ First Name: _____ Occupation: _____ Name of Business: _____ Work Phone: _____ Mobile Phone: _____ Email Address: _____

<b>PARENT NOT LIVING WITH STUDENT</b> (If applicable - Required for Board of Trustees Electoral Roll)	
Mother <input type="checkbox"/> Father <input type="checkbox"/> Name: _____ Phone: _____ Receive copy of School Report: Y <input type="checkbox"/> N <input type="checkbox"/>	Address: _____ _____ Email Address: _____

<b>ENROLMENT DETAILS</b> (bring copy of last school report)	
Last School Attended: _____	
<b>NATIONALITY</b>	
Country of Birth: _____	Nationality: _____
Ethnicity eg CHI, BRI, KOR, NZM: _____	First Language: _____

<b>RESIDENCY STATUS</b> (bring copy of birth cert. / passport) NZ Permanent Resident: Y <input type="checkbox"/> N <input type="checkbox"/> Visa Type if not NZ Resident: _____ Visa Number: _____ Visa Expiry Date: ...../...../..... (If on Student Visa, bring copy of parents Work Visa)	<b>IWI AFFILIATIONS</b> (If applicable) Please supply up to 3 iwi affiliations 1. _____ 2. _____ 3. _____	C O P I E S
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<b>EMERGENCY CONTACT</b>	
It is important that the school is able to make contact with parents/caregivers in an emergency. If neither adult with whom the student lives is available, then the emergency contact is:	
Name: _____	Phone: _____
Mobile Phone: _____	Relationship to student/family: _____

<b>FEES - PAID:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>FEES - RECEIPT NO:</b> _____
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<b>MEDICAL INFORMATION</b> Existing medical conditions: _____ _____ Severity of condition: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Permission to take Panadol: Y <input type="checkbox"/> N <input type="checkbox"/> Any special medication: _____	
<b>IMAGES</b> I give permission for my child's visual image to be used in: School Publications: Y <input type="checkbox"/> N <input type="checkbox"/> and / or School Website: Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>DECLARATION:</b> The information on this form is true and correct. I understand that the information provided may be used for school and Board of Trustees activities and be passed to other agencies who work with the school for educational purposes. I understand my child's educational records will be passed to subsequent schools. I have the right to see my child's school records. I accept the rules and regulations of the School, particularly those regarding the wearing of correct uniform and attendance.  <b>SIGNATURE OF PARENT/GUARDIAN/CAREGIVER:</b> _____ <b>DATE:</b> _____		

**FOR SCHOOL USE ONLY**

Surname: \_\_\_\_\_  
Previous School: \_\_\_\_\_

First Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_

**ICAS RESULTS** (if applicable)

WRITING	ENGLISH	COMPUTERS	MATHEMATICS	SCIENCE
Extension / Remedial Groups			Special Needs/Abilities	
Sports			Keep With	
Arts			Separate From	
Interests/Private Lessons			School Responsibilities	

<b>Interview Notes:</b> <b>Social Skills:</b>  <b>On task behavior:</b>  <b>Co-operative in the classroom:</b>  <b>Teacher Style:</b>	<b>Psych Report:</b> Y <input type="checkbox"/> N <input type="checkbox"/>
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## CHECK LIST

Please bring the following documents to the enrolment interview as the enrolment cannot be processed without them.

1. Proof of date of birth (either original or certified copy of birth certificate or passport)
2. If not born in NZ, proof of residency status (passport)
3. If on Student Visa, proof of parents Work Visa
4. Most recent School Report