



MURRAY'S BAY INTERMEDIATE SCHOOL ENROLMENT FORM

用英文填寫

PERSONAL DETAILS 個人資料

Legal Surname 姓: _____ Legal First Names 名字: _____

Preferred Name : _____ Date of Birth 出生日期: ____/____/____ Gender 性別: M / F

Address where student lives 地址: _____

Second Address where student lives 地址:

Post Code 郵政編碼: _____ Home Phone 電話: _____

Current Siblings at MBIS 目前在學校的兄弟姐妹: _____

ADULT WITH WHOM STUDENT LIVES 與學生居住的監護人

(Note: First point of contact Caregiver 1, email address will be uploaded for school/parent communication purposes)

注意: 第一個聯絡點 Caregiver 1, 電子郵件地址將上傳用於學校/家長溝通的平台

Caregiver 1 監護人 Relationship 關係: _____

Mr Mrs Ms Miss Dr

Surname 姓: _____

First Name 名字: _____

Work Phone 工作電話: _____

Mobile Phone 手機號碼: _____

Email Address 電子郵箱: _____

Caregiver 2 監護人 Relationship 關係: _____

Mr Mrs Ms Miss Dr

Surname 姓: _____

First Name 名字: _____

Work Phone 工作電話: _____

Mobile Phone 手機號碼: _____

Email Address 電子郵箱: _____

PARENT NOT LIVING WITH STUDENT 未與學生居住的家長 (If applicable - Required for Board of Trustees Electoral Roll)

Mother 母親 Father 父親

Name 名字: _____

Phone 電話: _____

Receive copy of School Report 領取成績單:

Y/N

Address 地址: _____

Email Address 電子郵箱: _____

ENROLMENT DETAILS 註冊細節 (bring copy of last school report 帶上一份學校的成績單副本)

Current School Attending 目前就讀的學校: _____

NATIONALITY 國籍 (bring copy of birth certificate/passport 帶上出生證明復印件/護照)

Country of Birth 出生地: _____ Nationality 國籍: _____

Ethnicity 種族: _____ First Language 母語: _____

RESIDENCY STATUS 居住身份 (bring copy of visa/permit 帶上簽證/許可證的副本)

NZ Permanent Resident 新西蘭永久居民: Y / N Visa Type if not NZ Resident 如果不是新西蘭居民、請提供簽證類型: _____

Visa Number 簽證號碼: _____

Visa Expiry Date 簽證到期日: ____/____/____

(If on Student Visa, bring copy of parents Work Visa 如果是學生簽證, 請攜帶父母工作簽證復印件)

EMERGENCY CONTACT 緊急聯繫人- Compulsory 必須

If neither parent/caregivers with whom the student lives with are available, then the emergency contact is 如果沒有與學生住在一起的父母/看護人, 則緊急聯繫人是:

Name: _____ Phone 電話: _____

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Mobile Phone 手機號碼: _____ Relationship to student/family 與學生的關係: _____

MEDICAL INFORMATION 醫療 Existing medical conditions 現有的病情: _____ _____ _____ Severity of condition 病情嚴重度: Mild 輕微 Moderate 中度 Severe 嚴重	Permission to take Panadol 使用止痛藥: Y/ N Any special medication 任何特殊藥物: _____ Family Doctor 家庭醫生: _____ Phone 電話: _____
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IMAGES 圖片使用權
 I give permission for my child's visual image to be used in School Publications, School Website and other Digital Media 我允許孩子的視覺形像相片在學校出版物, 學校網站和其他數字媒體的使用:
 Yes / No

I approve the school contacting my child's previous school to request relevant information they hold 我批准學校聯繫我孩子以前的學校, 要求他們提供相關資料. Yes / No

I approve the forwarding of information when my child transfers to another school 當我的孩子轉學到另一所學校時, 我批准轉發學生資料. Yes / No

DECLARATION 宣言:
 此表格中的資料是真實無誤的。 我了解所提供的資料可能會用於學校和董事會的活動, 並傳遞給與學校合作的其他教育機構。 我知道我孩子的教育記錄將傳遞給後來的學校。 我有權看到孩子的學校記錄。 我接受學校的規章制度, 特別是關於穿著正確的制服和出勤的規定。

SIGNATURE OF PARENT/GUARDIAN/CAREGIVER 父母的簽名: _____ **DATE:** _____

Students Name 學生的姓名: _____

FOR SCHOOL USE ONLY

Starting Date:	Room	Teacher:	Year 7/Year 8
Enrolment form completed (Given to Carol) Yes		School Report Yes / No	
Proof of ID: Birth Certificate Passport Visa		Proof of Address: Power Phone Other	
Transferred from NZ School New to NZ		Vaccinations up to date Yes / No	
In Zone/Out of Zone		Priority - 1 2 3 4 5 6	
Tick when the following is completed			
Enrol		Link to Sibling in ETap	
Email Account		Active Directory	
Asttle		NZCER	
Maths Buddy		Language Nut	
Email the following people, students name and room - tick when done			
Accounts (Janet)		Library/ Vistab (Rose)	
Day T/Session 5 (Alex)		Specialist List (Denize)	
Elip if needed (Veronica)		Learning support if needed(John)	

No images (Vanessa/Brandon)		Check Birthday List	
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