



MURRAYS BAY INTERMEDIATE SCHOOL ENROLMENT FORM

PERSONAL DETAILS

Legal Surname: _____ Legal First Names: _____

Preferred Name: _____ Date of Birth: ___/___/___ Gender: M / F

Address where student lives: _____

Second Address where student lives: _____

Post Code: _____ Home Phone: _____

Current Siblings at MBIS: _____

ADULT WITH WHOM STUDENT LIVES

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

Caregiver 1 Relationship: _____

Mr Mrs Ms Miss Dr

Surname: _____

First Name: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Caregiver 2 Relationship: _____

Mr Mrs Ms Miss Dr

Surname: _____

First Name: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

PARENT NOT LIVING WITH STUDENT (If applicable - Required for Board of Trustees Electoral Roll)

Mother Father

Name: _____

Phone: _____

Receive copy of School Report: Y N

Address: _____

Email Address: _____

ENROLMENT DETAILS (bring copy of last school report)

Current School Attending: _____

NATIONALITY (bring copy of birth cert. / passport)

Country of Birth: _____ Nationality: _____

Ethnicity: _____ First Language: _____

C
O
P
I
E
S

RESIDENCY STATUS (bring copy of visa/permit)

NZ Permanent Resident: Y N

Visa Type if not NZ Resident: _____

Visa Number: _____

Visa Expiry Date: ___/___/___

(If on Student Visa, bring copy of parent's Work Visa)

IWI AFFILIATIONS (If applicable)

Please supply up to 3 iwi affiliations

1. _____

2. _____

3. _____

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EMERGENCY CONTACT - Compulsory

If neither parent/caregivers with whom the student lives with are available, then the emergency contact is:

Name: _____ Phone: _____

Mobile Phone: _____ Relationship to student/family: _____

MEDICAL INFORMATION

Existing medical conditions: _____

Severity of condition:

Mild Moderate Severe

Permission to take Panadol: Y N

Any special medication: _____

Family Doctor: _____

Phone: _____

Please provide your child's Immunisation Record

Has your child ever had any medical or learning diagnosis that will help us to provide the best support for your child? Yes / No

If yes, please, provide a copy of any Medical Report, Cognitive Assessment or Learning Diagnosis Report with your completed Enrolment form.

IMAGES

I give permission for my child's visual image to be used in School Publications, School Website and other Digital Media: Yes / No

I approve the school contacting my child's previous school to request relevant information they hold. Yes / No

I approve the forwarding of information when my child transfers to another school. Yes / No

DECLARATION:

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.

SIGNATURE OF PARENT/GUARDIAN/CAREGIVER: _____ **DATE:** _____

Student's Name: _____

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	
Enrol		Link to Sibling in ETap	
Email Account (Norrcom)		Active Directory (Norrcom)	
Asttle		NZCER (Anna-Marie)	
Medical Records - (John/Helen/Dean)		LanguageNut (Nic)	
Email the following people, student's name and room - tick when done			
Accounts (Janet)		Library/Vistab (Rose)	
Day T (Sue)		Specialist Roll (Lesley)	
ELIP if needed (Veronica)		Learning support if needed (John)	
No images (Vanessa/Brandon)		Check Birthday List	
ETAP SMS		NSN	
CAROL – UPLOAD SUPPORTING DOCUMENTS TO ETAP – NO STUDENT FILES NOW			