



MURRAYS BAY INTERMEDIATE SCHOOL ENROLMENT FORM

PERSONAL DETAILS

Surname: _____ First Names: _____

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

Address where student lives: _____

Second Address where student lives: _____

Post Code: _____ Home Phone: _____ In Zone/Out of Zone

Place in Family (e.g. 2 of 4) _____ Previous 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: _____

Occupation: _____

Name of Business: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Caregiver 2 Relationship: _____

Mr Mrs Ms Miss Dr

Surname: _____

First Name: _____

Occupation: _____

Name of Business: _____

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: _____

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 parents Work Visa)

IWI AFFILIATIONS (If applicable)

Please supply up to 3 iwi affiliations

1. _____

2. _____

3. _____

EMERGENCY CONTACT

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: _____

OFFICE ONLY

FEES - PAID: Y N

MEDICAL INFORMATION

Existing medical conditions: _____

FEES - RECEIPT NO:

Permission to take Panadol: Y N

Any special medication: _____

Family Doctor: _____

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Severity of condition: Mild Moderate Severe	Phone: _____
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IMAGES

I give permission for my child's visual image to be used in: School Publications: Yes / No
and / or School Website: 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:** _____

Students 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	
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)	