



# Napier Intermediate 2019 Enrolment Form

Year Seven  Year Eight  BYOD Class:

Student's Legal First Name: _____	Student's Legal Surname: _____
Preferred First Name: _____	Preferred Surname: _____
Gender: Male / Female (please circle)	Date of Birth: ____ / ____ / ____
Ethnic Group: _____ (eg European, Maori, Samoan, Asian or Other) If Maori, please indicate Iwi Affiliation if known.	Student's Home Address (students usual place of residence)
IWI (1): _____	Number & Street: _____
IWI (2): _____	Suburb: _____
	Town / City: _____ Postcode: _____

**In Zone Enrolment**  (tick if you child lives INSIDE our school zone)

**1. My child's permanent address is within the school's Home Zone.**

I confirm that the above address which I have provided to the school will be the usual place of residence for my child when the school is open for instruction. I will advise the school of any subsequent change of address.

**I have attached proof of residence, eg phone bill, power bill etc.**

Signed (Parent/Caregiver) \_\_\_\_\_

**Out Of Zone Enrolment**  (tick if your child lives OUTSIDE our school zone)

**2. My child lives outside the school's Home Zone.**

**3. My child has a brother/sister currently attending Napier Intermediate.**

Name of Brother/Sister \_\_\_\_\_ Year enrolled at NIS \_\_\_\_\_

**4. My child has a brother/sister that attended Napier Intermediate in the past.**

Name of Brother/Sister \_\_\_\_\_ Year(s) at NIS \_\_\_\_\_

**5. I attended Napier Intermediate School in \_\_\_\_\_**

**6. I am an employee of Napier Intermediate and wish to enrol my child. Yes / No**

**ALL APPLICATIONS MUST HAVE PROOF OF ADDRESS ATTACHED (eg: power bill, rates account or tenancy agreement)**

Caregiver (1) Full Name: _____	Caregiver (2) Full Name: _____
Address: (if different from student's home address) _____	Address: (if different from student's home address) _____
Relationship to child: _____	Relationship to child: _____
Email Address: _____	Email Address _____
Home Ph: _____ Work Ph: _____	Home Ph: _____ Work Ph: _____
Place of Work: _____	Place of Work: _____
Cell Phone: _____	Cell Phone: _____

**EMERGENCY CONTACTS – Please supply two contacts we can use if parent/caregivers cannot be contacted.**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

Extra copies of reports required **Yes/No**. If yes, to whom: \_\_\_\_\_

Does child live with both parents? **Yes / No**. If no, state who child lives with: \_\_\_\_\_

Do both parents have access to child? **Yes / No** (legal documentation is required to support any access/custody arrangements)

**OFFICE USE ONLY**

Date Enrolment Form Received: \_\_\_\_\_

Date BYOD Registration Received: \_\_\_\_\_

Immunisation Certificate Received: \_\_\_\_\_

Cyber \_\_\_\_\_ Music \_\_\_\_\_

Proof of Address Received \_\_\_\_\_

National Student No: \_\_\_\_\_

Entered ETAP: \_\_\_\_\_

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## MEDICAL INFORMATION

Are there any medical problems that the school needs to know? \_\_\_\_\_

Does the student have any allergies? \_\_\_\_\_

Is the student currently taking any prescribed medication? \_\_\_\_\_

**In an emergency every effort will be made to contact parents/caregivers/emergency contacts.**

I agree to Napier Intermediate School seeking medical advice; administering first aid (including Asthma inhaler); referring pupils for treatment by medical centre/ambulance/hospital.

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_ Parent Initials

## IMMUNISATION INFORMATION

My child is fully immunised against Diphtheria, Hep B, Measles, Mumps, Polio, Rubella, Tetanus **YES / NO** (please circle)  
**Please attach a copy of your child's immunisation record.**

**Please circle if during the last 12 months your child has been:**

Stood Down    Suspended    Excluded    Number of Days \_\_\_\_\_

### Information Privacy Act

1. Standards and Direction: I have read the School's Prospectus including the Goals, Attitudes and Values and Code of Conduct. I agree my son/daughter will wear the School Uniform as required and abide by the School Rules as laid down in the School Prospectus / Hand Book / or Policy Documents.

2. Management of Information: I also agree to Napier Intermediate School collecting personal information and obtaining records (including Dental records) from the previous school \_\_\_\_\_ (school name) for: \_\_\_\_\_ (student name). I understand that the information I provide will be used to assist with the provision of an education for this person. This information may be shared with Health, and other education agencies, if they are involved, to further assist the learner. I accept the fact this information may later be used for statistical and/or research purposes and agree - provided publication will not identify me or the individual concerned. I understand that the information that I provide will be held at Napier Intermediate School whose address is: **Napier Intermediate School, 3 Jull Street, Marewa, NAPIER.**

Telephone: 06 835 6013    Fax: 06 835 7403    E-Mail: admin@nis.school.nz

I am aware of the rights of access to, and correction of this information. This information may be transferred to another school if the child moves. Parent Initials

### Use of Student Work and Appearances

At times the school publishes students' samples of work, and pictures including students, for the purpose of promoting and sharing learning, to communicate general information within our school and beyond to our wider school community. This gives the school the right to select any appropriate student's work or appearance to publish for the above purposes. You have the right to withdraw your permission at any stage and the material will be removed. We give Napier Intermediate School the following rights:

▪To publish samples of students' work on the School Intranet, Internet or other school publications.

▪To publish student appearances.

I give permission for my child to attend class trips within walking distance of the school, e.g. Georges Drive for cross country. Parent Initials

We have read the School Prospectus and will do all that we can to support our son/daughter in taking part fully in the life of the school.

I accept responsibility for any loss or damage to school property by my child and will reimburse Napier Intermediate School for reasonable replacement of such damage. Parent Initials

***We agree to abide by the policies, codes of conduct and rules of Napier Intermediate School as set in place and revised from time to time. I give permission for all of the information in this enrolment form.***

FATHER/GUARDIAN

MOTHER/GUARDIAN

PUPILS SIGNATURE

DATE:

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**(ALL STUDENTS ARE TO COMPLETE THE CYBERSAFETY USE AGREEMENT)**

I have read the enclosed cybersafety use agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of student: ..... Student's signature: .....

Name of parent/caregiver/legal guardian: .....

Parent's signature: ..... Date: .....

Please note: This agreement for your child will remain in force as long as he/she is enrolled at Napier Intermediate School. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

## MUSIC TUITION 2019 – Registration of Interest

NAME \_\_\_\_\_

WISHES TO LEARN \_\_\_\_\_ (Name of instrument)

I am interested in the theory club. YES / NO

I wish to hire an instrument. YES / NO

I have read and accept the terms of the instrumental tuition offered at NIS. YES / NO

PARENT/CAREGIVER NAME (Please print) \_\_\_\_\_

PARENT/CAREGIVER SIGNATURE \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: Landline: \_\_\_\_\_ CELL: \_\_\_\_\_

**PLEASE RETURN THIS SHEET WITH YOUR COMPLETED ENROLMENT FORM**

# Napier Intermediate 2019 Enrolment Form

## BYOD REGISTRATION REQUEST

I have read the conditions of participation and I would like to enrol my child into with a BYOD Chrome book at Napier Intermediate School for 2019

Please Tick

I commit to providing my child with a Google Chrome book with a protective case for daily use at school during 2019

Please Tick

### Please tick one of the following:

I already own a Chrome Book that my child will be able use.

I would like to purchase a Chrome Book through Noel Leemings.

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### Additional Information

- My child has been in a device class before (At Primary School?) Yes / No (Please circle)
- My child would have access to the Internet at home? Yes / No (Please circle)
- My child would be able to use the Internet at home to download applications? Yes / No

## BYOD Student Details

Student First Name: \_\_\_\_\_ Student Surname: \_\_\_\_\_ D.O.B \_\_\_\_\_

Postal Address: \_\_\_\_\_

Parent / Caregiver First Name: \_\_\_\_\_ Parent/Caregiver Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Caregiver Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_ Enrolment No: \_\_\_\_\_ Class: \_\_\_\_\_