



SOMERVILLE

INTERMEDIATE SCHOOL

APPLICATION FOR ENROLMENT

- Yr 7 IN-ZONE
 Yr 8 OUT-OF-ZONE

STUDENT DETAILS:

Please print clearly

- Male Female

Surname (Legal): _____
 First Name (Legal): _____
 Preferred Surname: _____
 Preferred First Name: _____

Date of Birth: dd/mm/yy _____
 Country of Birth: _____
 Ethnicity: _____
 Citizenship: _____
 Iwi (NZ Maori): _____
 If not born in NZ, date of arrival in NZ: _____
 Language spoken at home: _____

***official school documentation will use legal names - not aliases**

Present School: _____ Current Year Level: _____

CAREGIVER DETAILS:

Caregiver 1 will be the first point of contact for the school

CAREGIVER 1

Relationship to child: _____ Mr / Mrs / Ms / Miss
 Surname: _____ First Name: _____
 Address: _____
 Postal Code: _____ Email: _____

Living with child: Yes No
 Home Phone: _____
 Mobile Phone: _____
 Work Phone: _____
 Company/Occupation: _____

CAREGIVER 2

Relationship to child: _____ Mr / Mrs / Ms / Miss
 Surname: _____ First Name: _____
 Address: _____
 Postal Code: _____ Email: _____

Living with child: Yes No
 Home Phone: _____
 Mobile Phone: _____
 Work Phone: _____
 Company/Occupation: _____

Are there any custody orders the school needs to be aware of? Yes *(Legal documentation required)* No

EMERGENCY CONTACT INFORMATION:

*This information is important should your child fall ill and we are unable to contact the listed caregivers. This contact should be advised that the school could call them in an emergency. **Please do not put caregiver information here.***

EMERGENCY CONTACT

Relationship to child: _____
 Surname: _____ First Name: _____

Home Phone: _____
 Mobile Phone: _____

DIGITAL LEARNING/DEVICE COMMITMENT:

- Yes No

PUBLISHING/PHOTO/MULTIMEDIA CONSENT:

- Yes No

EOTC - IN IMMEDIATE VICINITY CONSENT:

- Yes No

MEDICAL INFORMATION: *Attach necessary information related to the medical conditions recorded below.
Please be assured that any information you provide is strictly private and confidential.*

Medical Conditions / Allergies: Mild Severe
(please list) Mild Severe
..... Mild Severe

Is medication to be held at school? Yes No Medication:

Do you give permission for the school to administer the following pain relief if required? Panadol Antihistamine Strepsils

Which of the following has your child been immunised against?

Diphtheria/Tetanus/Pertussis/Polio/Hepatitis B Measles/Mumps/Rubella Chicken Pox

Does your child have hearing loss significant enough to affect their learning? Yes No Hearing aid

Does your child have vision impairment significant enough to affect their learning? Yes No Glasses

Doctor/Medical Centre:

Phone:

LEARNING NEEDS: *Please attach assessment reports related to any learning needs recorded below.*

Learning Needs:

Please list any agencies that have been involved:

PASTORAL CARE:

Has your child had previous counselling support? Yes No

Please list any agencies that have been involved:

WHĀNAU PLACEMENT: *Please list below any siblings who previously attended Somerville Intermediate School.*

Name:

Year:

Whanau:

Name:

Year:

Whanau:

FOR STUDENTS WHO HAVE NOT HAD THE MAJORITY OF THEIR SCHOOLING IN NEW ZEALAND:

Date of arrival in New Zealand:

Intended length of stay:

Status: Citizen Permanent Resident Student Visa Visitor's Visa

Date of Visa expiry:

Level of English: New Learner Some English Fluent

OUT OF ZONE ENROLMENTS: *Please list below any Parents/Siblings who previously attended Somerville Intermediate School.*

Name:

Parent Sibling

Years Attended:

Name:

Parent Sibling

Years Attended:

REQUIRED SUPPORTING DOCUMENTS

- **New Zealand Citizens** - copy of NZ birth certificate **or** NZ passport **or** Citizenship certificate
- **Non New Zealand Citizens** - copy of Student's passport **and** residency visa **or** Parent's work visa **and** Child's student visa
- **A copy of the student's most recent school report**

IN ZONE Applications only - In Zone students must be able to provide **two** proof of residence documents:

- A **current** Electricity *or* Gas account in the name of the caregiver
- A **current** Sale and Purchase Agreement *or* a current Tenancy Agreement (showing a 12 month fixed term in a council approved rateable dwelling)
- A **current** Bank Statement
- A **current** Telephone/Internet bill

* Land Rates or Water Rates are **not** accepted.

APPLICATIONS CANNOT BE ACCEPTED UNLESS ALL SUPPORTING DOCUMENTATION HAS BEEN PROVIDED.

DECLARATION:

If the Board of Trustees has reasonable grounds for believing that the given In-Zone address will not be a genuine, on-going living arrangement, the Board may decline the application for enrolment.

By signing this Enrolment Form, I declare that:

- The address and contact information that I have provided to the school will be the usual residence for this student when the school is open for instruction.
- I understand that students accepted under the In-Zone criteria will be expected to remain within the school zone while attending the school. Somerville Intermediate School expects that children accepted as In-Zone students and subsequently moving out of the school zone will enrol at their new school.
- Somerville Intermediate School will take action on my behalf in case of sudden illness or injury.
- I understand that all students are expected to abide by school policies and procedures and that these can be viewed on request.
- I will ensure that my child wears the correct school uniform every school day and sports uniform for fitness and sports programmes.
- I will advise the school before the start of the school day if my child is absent, by leaving a message on the absence line or emailing the school office.
- I understand that while due care is exercised, Somerville Intermediate School cannot accept liability for personal injury, loss or damage to a student's property.
- In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Somerville Intermediate School holds on my child.
- I confirm that I have supplied authentic information and all supporting documentation as required.
- I confirm that all information provided in this application is correct.

Signed: _____ (Parent/Caregiver)

Date: _____