



name:

# HERETAUNGA INTERMEDIATE

challenging our adolescents



## ENROLMENT FORM 2012

# HERETAUNGA INTERMEDIATE SCHOOL ENROLMENT FORM 2011

SCHOOL USE ONLY

	CLASS	ROOM
2012		
2013		

Pupil's Surname: _____  Address: _____ _____ _____ Post Code _____  Pupil lives with: _____ (e.g. parents, Mother, Grandparents, Guardian etc)  Name of last school attended: _____	Pupil's First Names: _____ Name usually called: _____ (If different from First name)  Home Telephone: _____ Email address: _____ Newsletter by email: <b>YES / NO</b>  Country of Birth: _____ Date of arrival in New Zealand: _____ Language spoken at home if not English: _____ Does your child have New Zealand citizenship? <b>YES / NO</b>
Date of Birth: / / <b>Please attach a copy of student's birth certificate or passport</b>	Gender: Male / Female
<b>Father / Guardian:</b> Surname: _____ First name: _____ Address: (if different from pupil) _____ Cellphone: _____ Work phone: _____ Occupation: _____ Workplace: _____ Relationship to Pupil: _____ (Father/Guardian/Stepfather etc)	<b>Mother/Guardian:</b> Surname: Mrs / Ms / Miss _____ First name: _____ Address: (if different from pupil) _____ Cellphone: _____ Work phone: _____ Occupation: _____ Workplace: _____ Relationship to Pupil: _____ (Mother/Guardian/Stepmother etc)

<b>Emergency Phone Contact:</b> Phone No: _____ Name: _____ Relationship to pupil: _____	<b>Emergency Phone Contact:</b> Phone No: _____ Name: _____ Relationship to pupil: _____
<b>Important Health/Physical Information:</b> Problems: _____ (e.g. asthma, allergies, deafness etc)  Family doctor: _____  Hepatitis B Injections completed Yes / No Anti-Tetanus Injection up-to-date Yes / No <p style="text-align: right;"><i>Please attach a copy of immunisation certificate.</i></p>	
<b>Ethnic Group :</b> European <input type="checkbox"/> Maori <input type="checkbox"/> <input type="checkbox"/> Pacific Islander (please specify) _____ <input type="checkbox"/> Asian (please specify) _____ <input type="checkbox"/> Other (please specify) _____	
<b>Special family circumstances of which the school should be aware:</b> _____ _____ Custody: (Indicate if legal access to the child is restricted) _____	
<b>Name of brother/sister currently at Heretaunga</b> _____	<b>Usual transport to and from the school:</b> Walk / Bike / Car / Bus
<b>Parental Signature</b> _____	<b>Date</b> _____

## *Checklist*

Have you included a copy of your child's:

- Birth Certificate or Passport
- Immunisation Certificate

# CLASSROOM SELECTION

Please number 1st, 2nd, 3rd

Thinkshop  
{Accelerate}

Girls Only

Apple iMac

PC Windows

Boys Only

*All students will be placed in a mainstream class.* However, if you would like to select a class speciality focus you can apply for the following

- Girls Only
- Thinkshop (Accelerate)
- PC Windows
- Boys Only
- Apple iMac

Students will be selected upon enrolment order with the exception of Thinkshop which will be on individual student strength and capability.

Students Name \_\_\_\_\_

School \_\_\_\_\_

Parents Name \_\_\_\_\_

Signed \_\_\_\_\_

Phone \_\_\_\_\_

# IWI AFFILIATION

Dear Parents/Caregivers

The Ministry of Education now requires schools to collect information regarding iwi affiliations.

Iwi authorities and runanga are increasingly interested in the educational participation and achievements of their children. The inclusion of iwi affiliation on school roll returns will provide information at a statistical level that will allow iwi, schools and the Ministry of Education to understand the current opportunities and challenges and to focus effort in the areas of greatest need.

You may enter more than one iwi.

If you do not know the iwi, please enter 'Don't Know'

Iwi: \_\_\_\_\_

Rohe (Iwi home area): \_\_\_\_\_

Iwi: \_\_\_\_\_

Rohe: \_\_\_\_\_

Iwi: \_\_\_\_\_

Rohe: \_\_\_\_\_

An iwi classification chart is attached to assist you.

I am a parent/caregiver of

Student's Name \_\_\_\_\_

Thank you

David Lunny  
Principal



# INFORMATION PRIVACY/CONSENT FORM

I agree to Heretaunga Intermediate School collecting personal information and obtaining records from the previous school on:

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 that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at Heretaunga Intermediate School whose address is:

**Heretaunga Intermediate School**  
Orchard Road, Hastings 4120  
Telephone No. (06) 878 8358  
Fax No. (06) 878 4083  
E-mail. office@heretaunga.co.nz

This information may be transferred to another school if the child moves.

I am aware of the rights of access to, and collection of this information.

In an emergency, I agree to Heretaunga Intermediate School:

- seeking medical advice
- administering First Aid (including Asthma inhaler)
- referring pupil for treatment by Doctor/Hospital  
(An effort will be made to contact Parents/Guardians first)

I also agree that my son/daughter will wear the School Uniform as required and abide by the School Rules.

SIGNED: \_\_\_\_\_

(Individual / Parent / Legal Guardian / Agent)  
(Please delete those not applicable)

DATE: \_\_\_\_\_

