



144 Cass Street  
Ashburton  
Phone 03 3089563

# ASHBURTON INTERMEDIATE SCHOOL ENROLMENT APPLICATION

**Every enrolment MUST include a copy of the child's New Zealand Birth Certificate, Passport and/or Immigration documentation**

**Office Use**

Year 7/ \_\_\_\_\_

Year 8/ \_\_\_\_\_

BC sighted

Yes / No

**Student's Full Name:** \_\_\_\_\_

**Student's Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Gender:** Male / Female

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of last school attended:** \_\_\_\_\_

**Current Year Level:**

Year 6

Year 7

Year 8

**Student Lives With:** Both Parents      Mother      Father      Guardian      Other

**Parent / Caregiver:**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*(Mother/Father/Guardian/Other)*

**Parent / Caregiver:**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*(Mother/Father/Guardian/Other)*

**Emergency Phone Contact:**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Emergency Phone Contact:**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**1st Ethnicity Identified/preferred: (Circle only one)**

NZ European      Asian (specify) \_\_\_\_\_

NZ Maori      Pacific Island (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Iwi \_\_\_\_\_

**Born Overseas:**

Date of entry into NZ: \_\_\_\_\_

NZ Residency      Yes / No

Visa Expiry Date: \_\_\_\_\_

First language: \_\_\_\_\_

**Medical Notes:**

Please note any medical conditions: *(e.g. asthma, allergies, deafness, diabetes, epilepsy, hepatitis B)*

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Medication to be held at school? Yes / No

In the event of an emergency the school may act in my/our behalf Yes / No

If required, do you consent to your child being given Panadol? Yes / No

Does your child have any other health or physical disabilities?

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Family Doctor / Medical Practice and Practice Phone Number:

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**Special needs of child or family circumstances of which the school should be made aware of:**

*(e.g. custody arrangements, legal access, copies of report, welfare etc.)*

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**Behaviour:**

Has your child ever been stood down/ suspended /excluded from an Intermediate or Primary school? Yes / No

If yes please explain the circumstances :

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**Information Privacy:**

For the purpose of compliance with the Privacy Act 1993 I consent to the school obtaining verbal and written information from the child's previous school and forwarding information to the child's future school. Yes / No

I understand that the information about the child may be used for school and Board of Trustees activities and be passed to other agencies who work with the school for educational purposes. Yes / No

I give permission for the child's visual image to be used for educational purposes in:

School Publications Yes / No

School Websites Yes / No

**Parent / Caregiver Undertaking**

I wish to make an application for my child to enrol at Ashburton Intermediate School. I will support the school to ensure that my child will

- \* Be punctual
- \* Wear correct uniform (clearly named)
- \* Obey the school's expectations as per the Behaviour Management Programme

I declare that all information provided in this Enrolment Application is true and correct and I will advise the school office should there be any changes to what I have provided.

**Signature:** \_\_\_\_\_ **Enrolment Date:** \_\_\_\_\_

*(Parent / Legal Guardian / Agent ) Please circle one*