

Student Enrolment Information

Office Use Only:

Year 7 Rm _____ Year 8 Rm _____

Student's Name: _____
(First names - underline name known by) (Surname)

Home Address: _____

_____ **Post Code** _____

Postal Address (if different to above): _____

_____ **Post Code** _____

Home Telephone: _____

Student lives with: Both Parents, Mother, Father, Grandparents,
Legal Guardian, Other _____

Language Spoken at home: _____

First Language (if other than English): _____

Ethnic Group: _____
(eg: European, Maori, Pacific Is, Asian or other)

Family Doctor: _____ **Phone:** _____

Date of Birth: ___/___/___

Gender: Male / Female

Date Enrolled at First School: ___/___/___

Date Starting at this School: ___/___/___

Current Year Group: Year _____

Last School: _____

Address (of last school) _____

E-Mail Address: _____

Country of Citizenship: _____

Date Entered NZ: _____

Iwi: _____

Emergency Contact Name (For use if neither parent can be contacted): _____

Relation to Child: _____ **Phone:** _____

Information about Mother/Guardian

Surname: Mrs/Ms/Miss _____

First Name: _____

Mobile Phone: _____

Occupation: _____

Work Place: _____

Work Phone: _____

Information about Father/Guardian

Surname: _____

First Name: _____

Mobile Phone: _____

Occupation: _____

Work Place: _____

Work Phone: _____

Mailing Names: _____ e.g. Mr & Mrs Brown or Mrs Brown & Mr Smith

Special Family Notes - (Especially helpful when student is not living with both parents)

Custody (Indicate if Legal Access to the student is restricted) _____

DECLARATION: I/We agree and undertake to abide by the **Policies and Rules of the School and accept the Conditions** as described in the School Prospectus, including the Payment of Fees levied, as a pre-requisite to our Child's Enrolment.

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

PLEASE COMPLETE THE BACK OF THIS FORM



Havelock North Intermediate School

Application for Enrolment Form

Enrolment at Havelock North Intermediate School is governed by an enrolment scheme, please read the accompanying description of the school's Home Zone before completing this form.

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

I confirm that the address which I have provided to the school (over page) 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

Signed (Parent/Caregiver) _____

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

3. My child has a brother/sister currently attending Havelock North Intermediate

Name of Brother/Sister _____ Year enrolled at HNI _____

4. My child has a brother/sister that attended Havelock North Intermediate in the past

Name of Brother/Sister _____ Year(s) attended HNI _____

5. I am an employee of Havelock North Intermediate and wish to enrol my child

Information Privacy

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

NAME: _____

(Student's 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 Havelock North Intermediate School whose address is:-

Havelock North Intermediate School
Nimon Street

HAVELOCK NORTH 4130

Telephone: (06) 877.8039 **Fax:** (06) 877.2422 **Email:** admin@hni.school.nz

This information may be transferred to another school if the child moves. I am aware of the rights of access to, and correction of this information. I give permission for my child to be included in photographs taken while involved in school activities. I also give permission for my child to be involved in day trips relating to the School Curriculum e.g. day class trips, Library visits, Sports events etc.

SIGNED: _____ **DATE:** _____

(Individual / Parent / Legal Guardian / Agent)

Please delete those not applicable

Please Note: Enrolment at this school does not ensure eligibility to receive Ministry of Education transport assisted travel to this school.

PLEASE COMPLETE THE BACK OF THIS FORM