

**MEDICAL**

In an emergency, I agree to Napier Intermediate School seeking medical advice; administering first aid (including Asthma inhaler); referring pupils for treatment by medical centre/ambulance/hospital (*an effort will be made to contact parents/guardians first*).

Family Doctor \_\_\_\_\_

Are there any Medical Problems the school needs to know?

Is the Student taking any medication? Yes / No

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

Stood Down	Suspended	Excluded	Number of Days
<b>Immunisation Record</b> Diphtheria Hep B Hib Measles Mumps			Polio Rubella Tetanus

Previous School: \_\_\_\_\_

First Started Schooling:  
 Admission date at this school: \_\_\_\_\_  
 Class Choice (please circle preference )

1. Straight Year Level Composite No Preference

Please Circle if you wish to be considered for the following

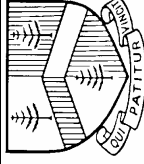
Boys Only Girls Only

Ethnic Group	Iwi Affiliation
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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



**Napier Intermediate School  
 2012 Enrolment Form Year 7 / Year 8**

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

Pupil's First Name \_\_\_\_\_ Pupil's Surname \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_

Caregivers Name (to Whom): \_\_\_\_\_  
 Address: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

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 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) \_\_\_\_\_

2. My child lives outside the school's Home Zone. Yes / No

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

Information about Caregiver 1 (Mr/Mrs/Ms/Miss) Name	Information about Caregiver 2 (Mr/Mrs/Ms/Miss) Name
Work Place	Work Place
Work Phone	Work Phone
Cellphone	Cellphone
Address (if not at above address)	Address (if not at above address)
Occupation	Occupation
Relationship to Student	Relationship to Student
Emergency Contact Name (if unable to contact Caregivers 1 or 2)	Emergency Contact Name (if unable to contact Caregivers 1 or 2)
Phone Number	Relationship to student

### 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 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 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](mailto: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.

### 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.

*We understand that the student's first name and room number may be used.*

**Transport: Clive Bus / Bayview Bus /Bike / Walk / Car**

*(Please circle usual method of coming to school)*

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

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.

**Legal Guardian**

**Student lives with** \_\_\_\_\_

**Are there any custody/access arrangements? Yes / No**

*(if yes, please discuss in confidence with Principal)*

**Are extra copies of reports required? Yes / No**

**To Whom:**