

# Wainuiomata Intermediate School

66 Konini Street, Wainuiomata 5014, Ph. (04) 939 1970, Mobile 021 028 24544, Email: [office@wis.school.nz](mailto:office@wis.school.nz), Website [www.wis.school.nz](http://www.wis.school.nz)



## 2020 Enrolment Form

**PLEASE ATTACH: COPY OF BIRTH CERTIFICATE OR PASSPORT, CURRENT VISA IF RELEVANT  
AND COPY OF IMMUNISATION CERTIFICATE**

|  |  |
|--|--|
| Surname:   | 2020 Year 7 / Year 8 <i>(please circle)</i>  |
| Preferred Surname:   | Male / Female / Fluid <i>(please circle)</i> |
| First Names:   | Date of Birth:                               |
| Preferred Name:  | Home Phone:                                  |
| Student's Address:   | Nationality:                                 |
| If not NZ born, date entered New Zealand and Country of Birth: | NZ Residency: Yes / No                       |
| Please state your ethnicity:                                   | Language(s) spoken at home:                  |
| If Maori please state Iwi Affiliation:                         | Present/Last School Attended:                |

### PARENT/CAREGIVER DETAILS: (Student lives with)

| First Name and Surname | Relationship to student | Cellphone | Work Phone | Email address |
|------------------------|-------------------------|-----------|------------|---------------|
|                        |                         |           |            |               |
|                        |                         |           |            |               |

### PARENT/CAREGIVER DETAILS: (Student does not live with) *Please attach copy of Legal Custody documentation if relevant*

| First Name and Surname | Relationship to student | Home and Cellphone | Work Phone | Address |
|------------------------|-------------------------|--------------------|------------|---------|
|                        |                         |                    |            |         |
|                        |                         |                    |            |         |

### EMERGENCY CONTACT: If you are not available

| First Name and Surname | Relationship to student | Home Phone | Cellphone | Work Phone |
|------------------------|-------------------------|------------|-----------|------------|
|                        |                         |            |           |            |
|                        |                         |            |           |            |

### MEDICAL INFORMATION:

|   |           |
|---|-----------|
| Family Doctor:  | Phone No. |
| List any medical, health or disability information the school should be aware of:                         |           |
| Is the student on prescribed drugs or medication, please state reason and any other relevant information: | Yes / No  |
| Is the student restricted from strenuous exercise or contact sport: (If yes, please give details)         | Yes / No  |

### OTHER INFORMATION:

|   |
|---|
| Particular curriculum strengths, special abilities, outside interests and learning needs or concerns: |
| Brothers/sisters who attend or have attended Wainuiomata Intermediate School and years of attendance: |

CONTINUED ON BACK PAGE – PLEASE TURN OVER

**OTHER INFORMATION CONTINUED:**

Email address for receiving Newsletters / Website Information etc.

Any other information we may find helpful for your child:

I would like my child considered for a placement in:

Te Kahui Tamariki

MLE: Modern Learning Environment

**Wainuiomata Intermediate School  
Permissions Section**

My child \_\_\_\_\_

Please tick

|   | Yes | No |
|---|-----|----|
| 1. Can be given panadol if sick at school.  |     |    |
| 2. Can be taken to hospital by ambulance if seriously injured and myself or another family member named on the Enrolment form cannot be reached.  |     |    |
| 3. Can have his/her photograph in school publications such as newsletters, school website, school Facebook, Prospectus, educational videos, the local newspaper if he/she has achieved success at school or in the community. |     |    |
| 4. Can represent the school in Inter-Intermediate sporting competitions outside of the school, if chosen in a team.   |     |    |
| 5. Can visit local facilities e.g. Library, Marae, parks during school time with their class or area.   |     |    |
| 6. Can participate in the school swimming programme at Wainuiomata Pools.   |     |    |
| 7. Can go for a run outside the school grounds with their class as part of the school or class fitness programme.   |     |    |

*I understand that the information on this form will only be used for normal school procedures and routines in accordance with the "Guidelines for the Privacy Act 1993, Principles 10 and 11".*

*I hereby certify that the above information is correct and understand that incorrect/false information will lead to nullification of enrolment. I agree that our son/daughter/ward will observe the rules, meet the charges indicated, and wear the prescribed uniform, as determined by the Board of Trustees of Wainuiomata Intermediate School.*

Signed: \_\_\_\_\_

Mother / Father / Caregiver

Date: \_\_\_\_\_

**Office Use Only:** Date Commenced \_\_\_\_/\_\_\_\_/\_\_\_\_ Year \_\_\_\_ Room \_\_\_\_ Enrolment No. 20/\_\_\_\_ Records Reqst / Recd