Wainuiomata Intermediate School

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



2024 Enrolment Form

PLEASE ATTAC	H: COPY OF BIRTH CERT	IFICATE OR PASSPO	ORT, CURRENT VIS	A IF RELEVANT	
	AND COPY OF I	MMUNISATION CERT	TFICATE		
Surname:			2024 Year 7 / Ye	2024 Year 7 / Year 8 (please circle)	
Preferred Surname:			Male / Female / I	Male / Female / Fluid (please circle)	
First Names:			Date of Birth:	Date of Birth:	
Preferred Name:			Home Phone:	Home Phone:	
Student's Address:			Nationality:	Nationality:	
If not NZ born, date entered New Zealand and Country of Birth:			NZ Residency:	NZ Residency: Yes / No	
Please state your ethnicity:			Language(s) spo	Language(s) spoken at home:	
If Maori please state lwi Affiliation:			Present/Last Sch	Present/Last School Attended:	
PARENT/CAREGIVER DET	AILS: (Student lives with)			
First Name and Surname	Relationship to student	Cellphone	Work Phone	Email address	
PARENT/CAREGIVER DET	TAILS: (Student does not	live with) Please atta	ach copy of Legal Cu	stody documentation if	
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 disabilit	ry information the school should	d be aware of:			
Is the student on prescribed drugs or medication, please state reason and any other relevant information:			ant information:	Yes / No	
		//	21.)	V (N	
Is the student restricted from strenuous exercise or contact sport: (If yes, please give details)			ills)	Yes / No	
OTHER INFORMATION:					
Particular curriculum strengths, sp	ecial abilities, outside interests	and learning needs or co	oncerns:		
Brothers/sisters who attend or hav	e attended Wainuiomata Intern	nediate School and years	of attendance:	_	
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	ORMATION CONTINUED: s for receiving Newsletters / Website Information etc.		
Any other info	ormation we may find helpful for your child:		
I would like m	y child considered for a placement in: Te Kāhui Tamariki (Bilingual Māori cla	ass)	
	Tamaiti o le Pasifika (Pasifika Class) ILE: Innovative Learning Environment		
	Please fill out and attach the relevant placement form		
	Wainuiomata Intermediate School		
	Permissions Section		
ly child		Please	tiak
		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.	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.		
8.	Does your child have any dietary requirements eg allergy, religious or ethical. Please state:		
	that the information on this form will only be used for normal school procedures idelines for the Privacy Act 1993, Principles 10 and 11".	and routines in	accordance
f enrolmen	ify that the above information is correct and understand that incorrect/false information. I agree that our son/daughter/ward will observe the rules, and wear the prescriptors. Trustees of Wainuiomata Intermediate School.		
Signed:	Date:		
ــــــ الكاتان	Mother / Father / Caregiver		

ONCE COMPLETED ENROLMENT FORM IS HANDED TO THE SCHOOL ENROLMENT IS AUTOMATICALLY CONFIRMED

Office Use Only: Date Commenced// Year Room Enrolment No. 24/
