

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



2025 Enrolment Form

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

Surname:	2025 Year 7 / Year 8 (please circle)
Preferred Surname:	Male / Female / Fluid (please circle)
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

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 Kāhui Tamariki (Bilingual Māori class)
 Tamaiti o le Pasifika (Pasifika Class)

Please fill out and attach the relevant placement form. Forms available from the school office or on the website.

Please do not request placement in classes other than these two on this form.

Wainuiomata Intermediate School Permissions Section

My child _____

Please tick

	Yes	No
1. Can be given panadol if sick at school (pills only provided).		
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.		
8. Does your child have any dietary requirements. Please state:		
9. Permission to share personal information with Hutt Valley Health regarding immunisations, dental etc		

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 2020, 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, and wear the prescribed uniform, as determined by the Board of Trustees of Wainuiomata Intermediate School.

Signed: _____
Mother / Father / Caregiver

Date: _____

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

Office Use Only: Date Commenced ____/____/____ Year ____ Room ____ Enrolment No. 25/____