

Office use:	<input type="text"/>
Enrolment No.:	<input type="text"/>
Entry Date:	<input type="text"/>
NSN Number:	<input type="text"/>

## Highlands Intermediate School Te Kura Takawaenga o Pukekura STUDENT ENROLMENT



Level:(the year starting)

Year 7

Year 8

Application Type (tick)

In Zone

Out-of-Zone





Student's Surname:		<input type="text"/>			
Student's First Names:		<input type="text"/>			
Preferred Name: (if different)		<input type="text"/>			
Date of Birth:	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALE / FEMALE
Last School Attended:		<input type="text"/>			

Student's Residential Address:		<input type="text"/>			
Student's Postal Address: (if different):		<input type="text"/>			

**STUDENT LIVES WITH: (please circle) Parents      Mother      Father      Guardian      Other**

**PRIMARY CAREGIVER 1**

Surname:	<input type="text"/>	Contact Number:	<input type="text"/>
First Names:	<input type="text"/>	Other Number:	<input type="text"/>
Address:		<input type="text"/>	
Email:	Relationship to child:		

**PRIMARY CAREGIVER 2**

Surname:	<input type="text"/>	Contact Number:	<input type="text"/>
First Names:	<input type="text"/>	Other Number:	<input type="text"/>
Address:		<input type="text"/>	
Email:	Relationship to child:		

**(If a Secondary Caregiver is required please attached the details to this enrolment)**

**EMERGENCY CONTACTS: (Must not be Parents/Caregivers as listed on front page and needs to be within Taranaki Region)**

Name:		Mobile Number:	
Relationship:		Work Number:	

Name:		Mobile Number:	
Relationship:		Work Number:	

**ETHNIC BACKGROUND:**

Country of Citizenship: <i>(if not NZ please complete section one below)</i>		First Language:	
Nationality:			
Iwi: <i>(you may note up to three)</i>			

<b>SECTION ONE (Please complete if student is NOT a NZ Citizen and include appropriate documentation)</b>			
NZ Residency:	YES / NO	Eligibility Criteria:	
Verification Document:		Serial Number:	
Date in New Zealand:		Expiry Date:	

**MEDICAL INFORMATION:**

All details are **STRICTLY CONFIDENTIAL** to Principal and designated staff.

<b>Critical Information:</b>	
Medical History/Conditions:	
Medication taken regularly:	
Allergies:	
If your child needs pain relief, are you happy for the School First Aid Officer to administer one Panadol.	YES/NO

**GENERAL INFORMATION**

Has your child been involved with any of the following? *(Please tick and state the dates)*

Special Education		Child & Adolescent Mental Health Services	
Oranga Tamariki		Resource Teacher of Learning & Behaviour	
Custody / Access Arrangements (attach separate sheet if required)			
Court Order Issued: <b>YES / NO</b>		<b>(If YES please attach copy)</b>	

<b>Name of siblings or parents connected with Highlands Intermediate School. State name &amp; date attended and attach proof of attendance. This can be either photos or certificates from Highlands Intermediate</b>			
Present:		Past:	

### HIGHLANDS INTERMEDIATE SCHOOL

Enrolment Application Declaration Sheet. Please complete this application declarations sheet, which relates to the policy documentation pages 15 to 19 in the prospectus.

Tick

<b>PARENTS/CAREGIVERS DECLARATION TO BE SIGNED</b>	
I hereby agree to all the Declarations required to complete the Highlands Intermediate School application as outlined in the documentation booklet.	
<b>POLICY AGREEMENT</b>	
I give permission for my child to be included in photographs taken while involved in school activities. I understand these photographs may also appear on the school website.	
<b>EOTC</b>	
I give permission for my child to participate in school trips and events which may involve bus travel, transportation in the school minivan, staff vehicles, parent helper vehicles or walking to venues within a reasonable distance from Highlands Intermediate School, during school hours	
I also understand that we will be kept fully informed about these trips and events.	
<b>IN-ZONE</b>	
I confirm the address, which I have provided to the school, will be the place of residence when the school is open for instruction.	
<b>I have attached a copy of a recent electricity account, rates or rental agreement as confirmation of this address. (we do not accept bank/visa statements) This can also be emailed to enrolments@highlands.school.nz</b>	
I will advise the school of any subsequent change of address.	
<b>ICT / BYOD AGREEMENT</b>	
I have read this cyber safety use agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.	
<b>SPORTS CODE OF CONDUCT</b>	
I agree to abide by the Highlands Intermediate School Parents & Spectators Code of Conduct and Ethics.	
<b>HEARING &amp; VISION TESTING</b>	
I give consent for my child to have Hearing and Vision testing done by the District Health Nurse at School.	

Parent/Caregiver Name(s): \_\_\_\_\_

Tick

<b>STUDENT DECLARATION TO BE SIGNED</b>	
<b>CYBERSAFETY</b>	
I have read and understood my responsibilities and agree to abide by the cyber safety use agreement. I know that if I breach this use agreement there may be serious consequences.	
<b>SPORTS CODE OF CONDUCT &amp; ETHICS</b>	
I agree to abide by the highlands intermediate school players code of conduct and ethics.	
<b>BYOD</b>	
I understand and will abide by the Highlands Intermediate BYOD Agreement. I further understand that any violation is unethical and may result in the loss of my technology privileges as well as other disciplinary action.	
<b>UNIFORM</b>	
I agree to follow the school uniform requirements.	

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**HOSTING INTERNATIONAL STUDENTS**

Highlands Intermediate looks forward to hosting International Students every year.

At this age, students are required to home-stay, which not only provides them with a friendly welcoming family environment but immersion enhances their learning of the English Language and understanding of our kiwi lifestyle. You would receive some remuneration while you share your everyday life with the International Student. This could be for a short-term stay of 1 to 4 weeks or a long-term stay of 1 to 4 terms.

If you think you would like to host a student, could you please complete this form in order that we can create a date base of interested families.  
Should you require further information please phone Deputy Principal Kathryn Hooper on 06 758 4162 ext 704 or email [kathryn.hooper@highlands.school.nz](mailto:kathryn.hooper@highlands.school.nz).

Tick

I would be interested in hosting a student for a short-term stay.	
I would be interested in hosting a student for a long-term stay.	