

SOMERVILLE INTERMEDIATE SCHOOL APPLICATION FOR IN ZONE ENROLMENT

(Please ensure you are residing within the school's "home" zone)



STUDENT DETAILS

Last Name:		First Names:		Preferred Name:		Male <input type="checkbox"/>
						Female <input type="checkbox"/>
Address:			Post Code:	Home Phone:		
Parent Email Address:		Date of Birth:		Ethnic Group:		
If NZ Maori Iwi 1:		Iwi 2:		Iwi 3:		
Country of Birth:		First Language:		Other Spoken Languages:		
School currently attending or last attended:				Year Level:		
Family Doctor's Name:				Phone:		
Any medical conditions/special needs/learning difficulties we should know about?						
Severity of Condition: Mild <input type="checkbox"/> Severe <input type="checkbox"/>				Inclusion on our <u>Medic Alert</u> Register? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I give permission for my child to be given a "Panadol" if required						Yes <input type="checkbox"/> No <input type="checkbox"/>
For non-New Zealand Residents Only				Date of first entry into NZ:		
Passport Sighted by Office: <input type="checkbox"/>				Visa Expiry Date:		
Type of Immigration Permit (Permanent Resident, Parent Work Permit, Student Visa, Visitors)						

PARENT/CAREGIVER DETAILS

Primary Caregiver Name:		Secondary Caregiver Name:	
Relationship to child:	Ethnicity:	Relationship to child:	Ethnicity:
Address:		Address:	
Home Phone No.		Home Phone No.	
Occupation:		Occupation:	
Place of Work:		Place of Work:	
Work phone no:		Work phone no:	
Mobile phone no:		Mobile phone no:	
Name and Date of Birth of Siblings:			
Does child live with both parents? YES / NO		If no, state which parent child lives with:	
Do both parents have access to child? YES <input type="checkbox"/> NO <input type="checkbox"/>		(Legal documentation is required to support any access/custody arrangements)	

IMPORTANT (Please complete both) (NOT parents/guardians)

- | | |
|--------------------------------|------------------------|
| 1. Emergency name and phone no | Relationship to child: |
| 2. Emergency name and phone no | Relationship to child: |

OFFICE USE ONLY	Class Level: <input type="text"/>	Enrol No. _____
	Room No. <input type="text"/>	Starting Date: _____

IMPORTANT (see over)