



Te Puke Intermediate School

Application Form for Admission

Room Number

To be completed by parent / caregiver and returned to the child's contributing school or Te Puke Intermediate Office by **13 April 2016**

Admin No: _____ Enrol No: _____

For MOE audit purposes please attach a copy of New Zealand birth certificate (please tick)

Pupil Details

Last Name: _____ First Name: _____ Middle Name: _____

Known Name (if different from first name): _____ Birth Date: ____ / ____ / ____

Gender: Female / Male

Class level on entry: Level 7 / Level 8

School House that older sister or brother belonged to: (Please circle one)

Te Wehi (Red)

Te Mauri (Jade)

Te Mana (Gold)

Te Ihi (Blue)

Name of older brother / sister: _____

Full Names of Person(s) Student is Living With (Note: mail will be sent to Caregiver 1)

Caregiver 1:

Title: Mr Mrs Ms Miss

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Postal Address (if different from residential): _____

Caregiver 2:

Title: Mr Mrs Ms Miss

Surname: _____

First Name: _____

Relationship to student: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Postal Address (if different from residential): _____

Special Notes: Eg: If student does not live with natural parents give their name(s) and address(es) _____

Emergency Contacts (in order of preference)

1 Name: _____ Work Ph: _____ Home Ph: _____

2 Name: _____ Work Ph: _____ Home Ph: _____

3 Name: _____ Work Ph: _____ Home Ph: _____

Ethnic Origin

NZ Maori Iwi Affiliation (NZ Maori only) 1) _____ 2) _____ 3) _____

Tongan Chinese NZ European Niuean

Indian Samoan Tokelauan Other Asian

Cook Island Maori Other Pacific Island Fijian

If your child did not start school at age 5 please indicate start date (holidays excepted): _____ / _____ / _____

Start Date at Te Puke Intermediate: _____ / _____ / _____ Previous School: _____

Eldest at this School Yes / No Name of any brother or sister also attending in 20F€: _____

If your child travels by bus which bus is he / she on? _____

Medical Details

Medical problems (also outline any medication to be kept at school). Important: Principal must be advised if a student carries a blood borne virus (HIV / Aids / Hepatitis).

Family Doctor: _____ Phone: _____

I / WE give permission for First Aid staff to administer Panadol for pain relief (as per manufacturers recommendations). Yes / No

Other Details

Please indicate whether you require specific request sheets to be sent out to you on the following. Read the 20F€ Information Book for details:

Placement in specific classroom

Placement with another student

Assistance with special needs

Nomination for Gifted and Talented Register

Are you prepared to host students from other schools for sporting / cultural exchanges? Yes / No

Do you wish to have your child placed in the Whanau Support Class? Yes / No

Foreign Students Only

Country of Birth: _____ New Zealand Residency? Yes / No

Date entered New Zealand: _____ / _____ / _____ Language spoken at home: _____

Parent / Caregiver Declaration

I / WE acknowledge that the information is true and correct in every particular and will be relied upon by the School. If found to be false by the School, the School reserves the right to remove your child.

I / WE agree that our child shall abide by all School Rules and Regulations.

I / WE understand the need to pay school fees.

I / WE understand that the information on this form will be used by this School to maintain appropriate school records and effective contact with the enrolled pupils parents / caregivers.

I / WE also agree to the school requesting relevant information from other schools for enrolment purposes and class placements.

Signature: _____ (Parent / Caregiver)

Date: _____ / _____ / _____