



MT ROSKILL INTERMEDIATE SCHOOL

ENROLMENT FORM - In Zone / Out of Zone

Confidential - for Mt Roskill Intermediate School records only

Please fully complete **all 4 pages** of this form, including signing the last page. Return this to the school office, complete with the required supporting documentation as listed on the last page.

IN ZONE / OUT OF ZONE (please circle one)		
STUDENT DETAILS:		First Name : (legal)
Family Name : (legal)	Preferred Name : (known as)	
Date of Birth : (dd/mm/yyyy)	Male / Female / Non-Binary / Other (please circle one)	
Home Address :		
Country of Birth :	Country of Citizenship :	
Date of Entry to NZ : (dd/mm/yyyy)	Ethnicity(s) :	
Refugee Status:	NZ Residency Status:	
Languages Spoken at home :		Current School :
Mt Roskill Intermediate School Primary Caregivers are able to: • Receive communication from the school • Discuss their child's learning and pastoral care needs with Mt Roskill Intermediate staff • Sign their child out of school during the day Please note; Mt Roskill intermediate is unable to communicate with caregivers who are not listed on the enrolment form, due to the Privacy Act 2020. As part of our safety procedures, only primary and emergency contacts are allowed to sign students out of school during the day, unless prior permission has been given. PRIMARY CAREGIVER 1 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : (if different from Child)		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : (company name)	Phone Number (work):	Refugee Status : (if applicable)
PRIMARY CAREGIVER 2 (i.e Parent)		
Full Name :		
Relationship to Child :	Living with Child : Yes / No	Country Of Birth :
Home Address : (if different from Child)		
Email Address :		
Phone (mobile) :	Phone (Home) :	
Work Place : (company name)	Phone Number (work):	Refugee Status : (if applicable)

EMERGENCY CONTACT/S - Alternative to Caregivers

Who should the school contact in case of an emergency, if the Primary Caregivers are unreachable?

Please do not use the same contacts as you have entered for Primary Caregivers.

As part of our safety procedures, only primary and emergency contacts are allowed to sign students out of school during the day, **unless prior permission has been given.**

Full Name :

Relationship :

Phone :

Full Name :

Relationship :

Phone :

SIBLINGS - brothers and sisters who have attended in the past or will attend in the future

Name :

Date of Birth : (dd/mm/yyyy)

Name :

Date of Birth : (dd/mm/yyyy)

LIVING ARRANGEMENTS - i.e. Custodial / Restricted Access. Please provide a copy of any Court Order Documents (if applicable)

(Please provide details)

DIAGNOSED LEARNING NEEDS FOR YOUR CHILD

Has your child ever had any medical or learning diagnosis that will help us to provide the best support for your child?

If yes, please provide a copy of any Medical Reports, Cognitive Assessments or Learning Diagnosis Reports with your completed Enrolment form. If you feel it necessary to talk with our DP / SENCO(Special education needs coordinator) regarding your child's learning or behavioural information, please contact the office to arrange an appointment.

(Please provide details)

HEALTH DETAILS - Medical Conditions and Allergies

These details are required to assist Mt Roskill Intermediate School staff to best care for your child and to also assist them in the case of an emergency. If your child has any medical issues we need to know about, please list them below.

i.e Asthma, diabetes, heart, epilepsy, allergy, sight/hearing, special needs, other

Medical Condition / Allergy				Severe / Moderate / Mild	
Medication Name					
Dosage		Frequency		Contact Caregivers	Yes / No

Medical Condition / Allergy				Severe / Moderate / Mild	
Medication Name					
Dosage		Frequency		Contact Caregivers	Yes / No

Please note: most communication from the school to parents is through our Student Management System - HERO, or via our school app.
It is essential that the school is provided with a current email address and mobile phone number.
Please notify the school as soon as there are any changes to your contact information.

Collection and Use of Information

The information on this form is collected and used by the school to provide education for your child, and it is also used for associated school activities. It is available to applicable staff within the school. We ask that you please advise the school if you have any concerns about the disclosure of any specific information. The information we collect and/or share for the purposes of supporting your child's education is outlined below.

In accordance with the Privacy Act 2020 the information you provide in relation to your child's enrolment, and subsequent information and other personal information collected and recorded from time to time by Mt Roskill Intermediate, is gathered for the purposes of:

- the School meeting obligations under the Education and Training Act 2020;
- providing for the student's education;
- recording and maintaining student records of academic progress and achievement;
- reporting to Caregivers/Parents;
- providing and accessing accurate information to and from other education providers to ensure positive and safe student transition;
- recording and maintaining accounts;
- communication with Caregivers/Parents;
- All information collected around your child's enrolment may be disclosed to appropriate education, health, welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act 2020. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law. Information collected may include academic, learning support and pastoral support.

Permissions : Please read these carefully:

- I agree to this information being recorded and used for the purposes outlined above.
- I authorise Mt Roskill Intermediate School to obtain from any person or organisation any of the student's information required for the purposes of the School meeting their obligations under the Education and Training Act 2020, and I authorise that person or organisation to disclose such information to Mt Roskill Intermediate School.
- From time to time the school takes photographs or videos of students to record activities within and beyond the school. These include students learning and involvement in school-based academic, sporting and cultural events. I give permission for my child's name, image and school work to be displayed and published where appropriate e.g newsletter, school website, classroom displays, school promotion, etc.
- I am aware that I have the right to access and correct information held by Mt Roskill Intermediate School about either myself or my child. I shall notify the school of any change in this information as soon as reasonably practicable.

Please indicate that you have read and understood the above

Privacy Consent, Collection and Use of Information Agreement **Yes / No** *(please circle one)*

I/We give permission for my child's name, image and school work to be displayed and published where appropriate e.g newsletter, school website, classroom displays, school promotion etc

Permission to be able to use this child's name, image, schoolwork where appropriate **Yes / No** *(please circle one)*

I/We authorise the staff of Mt Roskill Intermediate to administer General First Aid. I agree that the school will take action on my behalf in the event of a sudden medical emergency (illness or injury) and can obtain outside assistance as may be necessary when I/we cannot be contacted.

First Aid Consent **Yes / No** *(please circle one)*

I/we give permission for staff at Mt Roskill Intermediate to administer pain relief (one paracetamol tablet) or other medication as listed on this child's records, if required. Staff are not permitted to give any medication without consent.

Pain Relief / Medication Consent **Yes / No** *(please circle one)*

I/we give permission for this child to undergo vision and hearing testing.

Vision and Hearing Consent **Yes / No** *(please circle one)*

I/we give permission for this child to be seen by a Health Professional / Dental Nurse.

Health Professional / Dental Nurse Consent **Yes / No** *(please circle one)*

Please read our **ICT Student Agreement Form** located on our Enrolments page of our website www.mri.school.nz/enrolment/

My child may bring their own Chromebook to school

I/We give consent for my child to be given access at school to computers, the Internet and other Communication Technologies.

By circling Yes, I acknowledge that I have read this ICT Agreement together with my child, we understand the school's expectations and requirement to maintain cybersafety and a positive learning environment, including my child's responsibilities. I have reviewed the information on the use of Google Earth and consent to my child's use of Google Earth for school-related activities.

Digital/BYOD Consent **Yes / No** *(please circle one)*

By signing this form, I confirm that the information given in this enrolment application form is true, complete and accurate to the best of my knowledge. By completing this form, I am confirming that I am the legal guardian to this child.

Signed Parent/Caregiver		Date	
Name of Parent/Caregiver			

Checklist - Have you included the following documents and information:

- ☐ Enrolment form is fully complete (please ensure all 4 pages are complete including all consents and permissions on pages 3 and 4 as well as signing this final page)
- ☐ Proof of Address - a current utilities bill (within last 3 months, e.g power, phone or water)

- ☐ A copy of the eligibility document for your child. This can be either:
 - NZ birth certificate or NZ passport (if NZ citizen)
 - If born overseas, the child's Birth Certificate and their passport's photo page and visa page OR NZ residency permit or NZ student visa/permit and Parental work permit