



# Fergusson Intermediate School

## "AMPLIFY THE AWESOME"



<b>OFFICE USE ONLY</b>	<b>2024 / 2025</b>
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Zone : In Zone / Out of Zone	Out of Zone Priority :	Year Level : 7 / 8
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### Documentation

Please ensure the following documents are attached to support your child's enrolment :

- NZ Birth Certificate or NZ Passport - *Students born in New Zealand*
- Passport and Residency Permit OR Student Visa for NZ Passport OR Citizenship Certificate  
- *Students born outside of New Zealand*
- Recent Proof of Address (i.e. Phone Bill, Rates Bill, Electricity Bill) - *In Zone only*

### Student Information

Legal Surname		Legal First Name	
Preferred Surname		Preferred First Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous School		Year Level	<input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8
Student living with	<input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		

### First Primary Parent/Caregiver Information

Surname		Title	Mr / Mrs / Ms / Miss
First Name		Relationship to Student	
Home Address <i>(must be address student resides at)</i>			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email Address <i>(required)</i>			

### Second Primary Parent/Caregiver Information

Surname		Title	Mr / Mrs / Ms / Miss
First Name		Relationship to Student	
Home Address			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email Address <i>(required)</i>			

**First Emergency Contact** (Not parent or caregiver) In event of an emergency if parent/caregiver not available)

<b>Surname</b>		<b>First Name</b>	
<b>Mobile Number</b>		<b>Home Phone</b>	
<b>Work Phone</b>		<b>Relationship to Student</b>	

**Second Emergency Contact** (Not Parent or caregiver)

<b>Surname</b>		<b>First Name</b>	
<b>Mobile Number</b>		<b>Home Phone</b>	
<b>Work Phone</b>		<b>Relationship to Student</b>	

**Custodial Information** It is important that if protection or court orders exist for your child, that copies are attached to this enrolment. Feel free to make an appointment with the Principal or Deputy Principal if you wish to discuss the circumstances in confidence. **Please note : We cannot restrict access to legal guardians without a court order.**

<b>Custody Arrangements</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Access Restrictions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Court Order</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Ethnic Information**

<b>Ethnicity 1</b>	<b>Ethnicity 2</b>
<b>Iwi (if Maori) 1.</b>	<b>2.</b>
<b>Birth Country</b>	<b>Country of Citizenship</b>
<b>What is your child's first language?</b>	<b>List any other languages they speak</b>

**For Students who HAVE NOT had the majority of their schooling in NZ** (Please attach documents to this enrolment)

Date of Arrival in NZ : \_\_\_\_\_ Intended length of stay : \_\_\_\_\_ Date of Visa expiry : \_\_\_\_\_

Status : \_\_\_ New Zealand Citizen    \_\_\_ Permanent Resident    \_\_\_ Student Visa    \_\_\_ Visitor's Visa    \_\_\_

Level of English : \_\_\_ New Learner    \_\_\_ Some English    \_\_\_ Fluent

**Out of Zone Enrolments** (Please list below any Parents/Siblings who previously attended Fergusson Intermediate.

<b>Name :</b>	_____ Parent	_____ Sibling	_____ Years Attended
<b>Name :</b>	_____ Parent	_____ Sibling	_____ Years Attended

Health Information	
Any Health Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any medical conditions / diagnosis we need to know about? (if so, please provide supporting documentation)	
Does your child have to take medication during the school day? (medication will be kept in a locked cupboard in the school office).  If Yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Medicine Name :</b>
<b>Consents</b>	<input type="checkbox"/> I give permission for the school to administer medication given by the parent/ caregiver. <input type="checkbox"/> I give permission for school to administer pain relief if necessary
<b>Allergies</b>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Asthma / Hay Fever etc
Who is your family doctor?	Clinic/Medical Centre : Phone Number :

Special Agencies that have supported your child
<input type="checkbox"/> ICS : In-Class support <input type="checkbox"/> ORS : Ongoing Resource Scheme <input type="checkbox"/> ESOL : English for Speakers of Other Languages <input type="checkbox"/> Other : _____

Permissions
<b>Publicity</b> I give permission for my child's name, image and school work to be displayed and published where appropriate e.g. newsletter, school website, social media, classroom displays, school promotion, wider online community etc. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School / Class Trips</b> I give permission for my child to participate in EOTC activities such as school trips, cultural events, sports trips which may involve bus travel, transportation in staff vehicles, parent helper vehicles or walking to venues within the Upper Hutt boundary. I also understand that we will be kept informed about these trips and events. <input type="checkbox"/> Yes <input type="checkbox"/> No

## ZONING DECLARATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school.

The Ministry of Education has advised that parents/caregivers should be warned of the possible consequences of deliberately attempting to gain enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary e.g.

- Renting accommodation in-zone on a short-term basis;
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an 'address of convenience' with no intention to live there on an on-going basis.

Before enrolment takes place (i.e. before attendance begins), if the board has reasonable grounds for believing that the given in-zone address will not be genuine, ongoing living arrangement, the board may withdraw any offer of place it might have made on the basis of the given address.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining priority in enrolment at the school, then the Board may review the enrolment. Unless the parents/caregivers can give satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under Section 110(1A) of the Education Act 1989.

**I can confirm that the address I have provided to the school in this enrolment form will be the usual place of residence of \_\_\_\_\_ (student name) when the school is open for instruction. I will advise the school of any subsequent change of address.**

Signed \_\_\_\_\_

Date : \_\_\_\_\_

**PROOF OF ADDRESS :** We will only accept the following evidence of residence in zone :

- A recent (less than two months old) **electricity bill** for an in-zone property indicating residents of at least one month in the name (s) of the Parent or Legal Guardian of the applicant  
OR
- A recent **Upper Hutt City Council Rates Notice** or a completed **Tenancy Agreement** and Bond Lodgement Form for an in-zone property in the name(s) of the Parent or Legal Guardian of the applicant.  
**PLUS** a recent utility bill, such as a telephone landline or home and contents insurance policy, in the name (s) of the Parent or Legal Guardian of the applicant.

**PLEASE NOTE :** The Board may request further documentation at any time. Applications will only be processed once all documentation has been received. The school may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

## DECLARATION BY PARENT/S OR CAREGIVERS

I/We hereby declare the information supplied to the school is correct and my/our son/daughter/ward shall be subject to all rules, regulations and expectations of the school.

**.The information requested is retained by the School and will be used for the following purposes :**

- To provide information to the Ministry of Education
- To maintain contact with Parents and Caregivers
- To facilitate the operation and administration of the School
- To enable contact and appropriate treatment in the event of emergency and student illness
- To share supporting documentation about the student with any external agencies and schools to support student achievement and well-being.

I/We authorise Fergusson Intermediate to use the information set out in this enrolment form for the purposes set out above.

Signature : \_\_\_\_\_ Relationship to Student : \_\_\_\_\_

Signature : \_\_\_\_\_ Relationship to Student : \_\_\_\_\_

Date : \_\_\_\_\_