

# OTAHUHU INTERMEDIATE SCHOOL



## ENROLMENT FORM

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
(Surname) (First/Initial)

Name you are known by if different from above: \_\_\_\_\_

Address where student living: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous School: \_\_\_\_\_

Gender: Boy / Girl (Circle one) Class Level: Year 7 or Year 8 (Circle one)

### PARENTS/CAREGIVERS INFORMATION

Mr / Mrs / Miss / Ms \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(Circle one)

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mr / Mrs / Miss / Ms \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(Circle one)

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Mr / Mrs / Miss / Ms \_\_\_\_\_ Aunt / Uncle / Nana / Grandpa / Friend  
(Circle one) (Surname) (First) (Circle one)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STATISTICS REQUIRED BY THE MINISTRY OF EDUCATION**

Ethnic Identity \_\_\_\_\_ (Culture/Bloodline)      Nationality \_\_\_\_\_ (Country passport issued from)

Date arrived in NZ \_\_\_\_/\_\_\_\_/\_\_\_\_ (if not born here)      Country Born \_\_\_\_\_

Language most commonly used in the home \_\_\_\_\_

Sex \_\_\_\_\_      Role (home area) \_\_\_\_\_ (NZ Maori Students only)

**STATUS (TICK BOX)**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | New Zealand Citizen - (please supply Birth Certificate, Citizenship Papers or Passport) |
| <input type="checkbox"/> | Permanent Resident - (please supply your Passport)                                      |
| <input type="checkbox"/> | Refugee - (please supply your relevant documentation)                                   |
| <input type="checkbox"/> | Overseas Student - (please supply your passport with current student visa/permit)       |

Student Visa expiry Date (if not a New Zealand Citizen): \_\_\_\_\_

Note: Otahuhu Intermediate School will copy relevant documentation & attach to enrolment forms.

**SPECIAL PROBLEMS OR ABILITIES THAT THE SCHOOL NEEDS TO BE AWARE OF -**

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I declare that all information supplied in this enrolment document is accurate & correct:

Parents/Caregivers Signature: \_\_\_\_\_

**Office Use Only:**

| Enrol Number:            |  | Hidden Code:             |   | Date Started:            |   |
|--------------------------|--|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Birth Certificate/ Passport/ Visa attached | <input type="checkbox"/> | Sex (if NZ Maori)                                       | <input type="checkbox"/> | Trip Consent Form completed (to be given to DP) |
| <input type="checkbox"/> | Full contact details completed             | <input type="checkbox"/> | Health & Dental Forms Completed                         | <input type="checkbox"/> | Uniform / Stationery Check                      |
| <input type="checkbox"/> | Date arrived in NZ (if from overseas)      | <input type="checkbox"/> | Cybersafety Use Agreement completed (to be given to DP) | <input type="checkbox"/> | Entered on ENROL                                |

# OTAHUHU INTERMEDIATE SCHOOL



## STUDENT MEDICAL FORM

Does your child require medication or special consideration for :

| Condition       | Yes / No | Medication/Treatment required: |
|-----------------|----------|--------------------------------|
| Allergies       | Yes / No |                                |
| Arthritis       | Yes / No |                                |
| Asthma          | Yes / No |                                |
| Diabetes        | Yes / No |                                |
| Epilepsy        | Yes / No |                                |
| Hearing Loss    | Yes / No |                                |
| Impaired Vision | Yes / No |                                |
| Rheumatic Fever | Yes / No |                                |
| Other (specify) | Yes / No |                                |

Has your child had the following vaccinations:

|                                | Yes / No | Year: |
|--------------------------------|----------|-------|
| Hepatitis B (Hep B)            | Yes / No |       |
| Measles, Mumps & Rubella (MMR) | Yes / No |       |
| Polio (OPV or IPV)             | Yes / No |       |
| Rubella                        | Yes / No |       |
| Tetanus (Td)                   | Yes / No |       |

Does your child suffer from any other medical conditions or disabilities?

|  |
|--|
|  |
|--|

In case of illness, Accident or Emergency

- |  |          |
|--|----------|
| 1. I give permission for my child to receive non-prescription medicines.<br>I.e. Panadol, throat lozenges, etc. when deemed necessary.   | Yes / No |
| 2. If the Intermediate is unable to contact you, or if there is a serious accident, I give permission for a staff member to take my child to Accident & Emergency or the doctor. | Yes / No |
| 3. I give permission for the Intermediate to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.         | Yes / No |

Signature:

Parent/Caregiver

Date



# OTAHUHU INTERMEDIATE SCHOOL



## SCHOOL-WIDE EVENTS PERMISSION FORM

Please Print Details Clearly

Student's First Name: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

This is a consent letter to cover school-wide events, which your child will participate in while attending Otahuhu Intermediate School.

Educational Outside the Classroom (EOTC) experiences -

- Syndicate and classroom trips
- Representing the school in sports teams
- Representing the school in cultural groups
- Honours Badge Trips

**NOTE:** You will receive notification relating to all education outside the classroom events prior to your child's involvement on the day(s). These will be provided by the teacher in charge of organising the EOTC event.

Some events such as camps, discos, etc. will require a separate permission.

Each excursion will comply with our Education Outside the Classroom Policy stipulated by the Board of Trustees.

### PARENT/FAMILY/WHANAU APPROVAL

I give my child, \_\_\_\_\_ permission to participate in school-wide activities while attending Otahuhu Intermediate School.

Parent/Family/Whanau Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### STUDENT NON PARTICIPATION

My child can not participate in these school-wide events -

### AVAILABILITY FOR PARENT/FAMILY/WHANAU SUPPORT

I am available to assist with the following activities (e.g. camp, cultural, trips)

# OTAHUHU INTERMEDIATE SCHOOL



## CYBER-SAFETY USE AGREEMENT

Computer technology at Otahuhu Intermediate is to support students learning. Our computers are used for educative purposes. Students cannot use the internet at school without signing this Cyber-safety Student Use Agreement.

I agree that:

- ⇒ I will take care of our computers and other technologies, even if I am not the student who is directly using them.
  - ⇒ I will respect work produced on the computer by other students and adults.
  - ⇒ I will not bring software, or any other media, from home to use on a school computer.
  - ⇒ I will not print anything without the permission of the teacher.
  - ⇒ I will not deliberately disrupt the computer or the school's network.
  - ⇒ If I accidentally come across dangerous, mean or rude material I will immediately inform the teacher, Deputy Principal or Principal.
  - ⇒ I will not post disturbing messages towards other students on social media such as face book.
- NOTE: Failure to do this will mean I have accessed it purposefully.**

I understand that if I break this agreement in any way, I may lose the right to use the internet and computers at school. As well, the school may tell my parents/family/whanau and they may also take disciplinary action against me.

### STUDENT AGREEMENT

I have read the Otahuhu Intermediate Cyber-safety Student Use Agreement, and I know what the school rules are about the use of computers, the internet and other communication technologies. I know that if I break these rules there may be consequences.

Student Name: .....

Signature: .....

### PARENT/FAMILY/WHANAU AGREEMENT

I have read the Otahuhu Intermediate Cyber-safety Student Use Agreement and understand that my child may not access the internet at school without this Use Agreement being signed and returned to school.

I understand that while the school will do its best to restrict student access to offensive, dangerous or illegal material on the internet or other communication technologies, it is the responsibility of my child to have no involvement in such material or activities.

Parent/Family/Whanau Name: .....

Signature: .....

### PERMISSION FOR PROMOTIONAL PURPOSES

I do / do not authorise Otahuhu Intermediate School to use my child's image or work for school promotional purposes.

I understand that these will be used to share some of the events and experiences as a learner online, so that we can celebrate excellence. These are all for educational purposes, and are monitored by the school staff.



# OTAHUHU INTERMEDIATE SCHOOL



## SCHOOL UNIFORM PRICE LIST

STUDENT NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### COMPULSORY GIRLS SCHOOL UNIFORM

| Amount | Uniform                          | Price    | Size | Cost |
|--------|----------------------------------|----------|------|------|
|        | Navy Blue Skorts                 | \$ 45.00 |      | \$   |
|        | Jade Polo Shirt with Blue Collar | \$ 35.00 |      | \$   |
|        | Navy Blue Polar Fleece Jacket    | \$ 50.00 |      | \$   |

### COMPULSORY BOYS SCHOOL UNIFORM

| Amount | Uniform Item                     | Price    | Size | Cost |
|--------|----------------------------------|----------|------|------|
|        | Navy Blue Cargo Shorts           | \$ 40.00 |      | \$   |
|        | Jade Polo Shirt with Blue Collar | \$ 35.00 |      | \$   |
|        | Navy Blue Polar Fleece Jacket    | \$ 50.00 |      | \$   |

### COMPULSORY GIRLS & BOYS PHYSICAL EDUCATION UNIFORM

| Amount | Uniform Item | Price    | Size | Cost |
|--------|--------------|----------|------|------|
|        | P.E. Shorts  | \$ 50.00 |      | \$   |
|        | P.E. T-Shirt | \$ 50.00 |      | \$   |

### OPTIONAL SCHOOL UNIFORM

| Amount | Uniform Item                 | Price    | Size | Cost |
|--------|------------------------------|----------|------|------|
|        | Navy Blue Cargo Long Pants   | \$ 45.00 |      | \$   |
|        | Jade Skivvy with Blue Collar | \$ 35.00 |      | \$   |

### STATIONERY

|  |                 |          |  |  |
|--|-----------------|----------|--|--|
|  | Stationery Pack | \$ 30.00 |  |  |
|--|-----------------|----------|--|--|

### SCHOOL DONATION

|  |                     |          |  |  |
|--|---------------------|----------|--|--|
|  | Full Year           | \$ 60.00 |  |  |
|  | Or Payment Per Term | \$ 15.00 |  |  |

Total \$

**REMINDER:** All students attending Otahuhu Intermediate School are required to wear plain black sandals or plain black shoes. Unfortunately we do not stock or sell black sandals or black shoes.

I have received the above uniform.

Signature: \_\_\_\_\_

## PARENT / GUARDIAN CONSENT FOR EXAMINATION, XRAY CLEANING, AND PREVENTIVE CARE.

Child's First Name  Child's Middle Name(s)

Child's Family Name (Last Name)  NID Number (if known)

Male  Female  Child's Date of Birth

Street Address, including suburb and postcode if known

Home Phone  Work Phone  Mobile Phone (Parent/Guardian)

Email Address (Parent/Guardian)

Brother's / Sister's Name(s) and Date(s) of Birth

Current School / Preschool

**Ethnicity**  
Which ethnic group does this child belong to?  
Tick the space or spaces that apply

New Zealand European  
 Māori  
 Samoan  
 Cook Island Māori  
 Tongan  
 Niuean  
 Chinese  
 Indian  
 Other (Such as Dutch, Japanese etc.)

New Zealand European  
 Māori  
 Samoan  
 Cook Island Māori  
 Tongan  
 Niuean  
 Chinese  
 Indian  
 Other (Such as Dutch, Japanese etc.)

**NZ Residency Status**

New Zealand Citizen  
 New Zealand Permanent Resident  
Please provide a copy of the child's Permanent Resident Certificate.

Other  
Please visit [www.moh.govt.nz/eligibility](http://www.moh.govt.nz/eligibility) or contact Ministry of Health on (06) 624 522 for information on appropriate documents to provide to prove eligibility for public funded health services

The above requested documents are enclosed with this form

Office use only

### MEDICAL HISTORY

Some medical conditions and some medicines can affect dental care. To help us take good care of your child and ensure their safety please tick if your child has had, or is suffering from any of the following:

Recurrent Fever  Allergies  Latex Allergy  Bleeding Conditions   
 Heart Conditions  Epilepsy  Diabetes  None of the above

Current Medications & Other Conditional Allergies

Comments

Permission to enter your Details/Private if necessary  Yes  No

Occupation Name  Occupation Number

Please tick us if there are changes to any of the above

### CONSENT FOR SERVICES PROVIDED



I AGREE to this child receiving regular:

Examinations and dental stays as required  
 Cleaning and scaling  
 Fluoride Varnish  
 Fissure Sealant

I understand that I have the right to change this consent at any time.  
 Please ring (06) 624 5222

Comments

Post Family Name

Post First Name

Signature

Relationship to Child

Child's Date of Birth  Day  Month  Year

### DO NOT CONSENT (DO NOT AGREE)



**DO NOT AGREE** to this child receiving dental services from the Auckland Regional Dental Service.

Post Family Name

Post First Name

Signature

Relationship to Child

Child's Date of Birth  Day  Month  Year





**ENROL YOUR CHILD FOR FREE**

# Auckland Regional Dental Service

*Free Community Dental Service*

**ENROLMENT AND CONSENT FORM**



Tooth decay is a preventable disease. Together, we can care for your child's teeth. Here are some ways you can help:

- USE FLUORIDATED TOOTHPASTE
- BRUSH TEETH AT LEAST TWICE A DAY
- FLOSS ONCE PER DAY
- CHOOSE SUGAR-FREE SNACKS AND DRINKS
- CHOOSE WATER FIRST

Please write any comments for the Therapist here

Office Use:

**PLEASE FILL IN AND RETURN THIS FORM TO THE SCHOOL DENTAL CLINIC or SCHOOL OFFICE**

The information you give us about your child will be kept by the Auckland Regional Dental Service and may be shared with other health professionals. Use of and access to this information is covered by the Health Information Privacy Code. If you want to see this information or correct any details contact:

**(09) 839 0565**

Auckland Regional Dental Service

Private Bag 93-115, Henderson 0850, Auckland

Website: [www.ards.co.nz](http://www.ards.co.nz)

Email: [ards@waikomahia.dhb.govt.nz](mailto:ards@waikomahia.dhb.govt.nz)



*A Smile Lasts a Lifetime*

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Website: [www.ards.co.nz](http://www.ards.co.nz)