



Enrolment Form - 2019

STUDENT DETAILS

Family Name: _____

Current School: _____

First Name(s): _____

Location: _____

Preferred Name: _____

Current year level: Year 6 Year 7 Year 8

Address: _____

Gender: (circle one) Male Female

_____ Postcode: _____

Date of Birth: _____

Home Language(s): _____

Other Family at Fergusson: _____

ETHNIC ORIGINS

Ethnic Group: _____ (eg. NZ European, Maori, Samoan, Asian, Indian etc)

(If Maori, list IWI affiliation, up to 3): _____

New Zealand Citizen: (circle one) Yes / No (If no – a document of residency/visa must be provided and attached).

Date entered New Zealand _____ Copy of Birth Certificate/Passport attached: Yes / No

PARENT / CAREGIVER DETAILS

Correspondence / Invoices mailed to: Caregiver 1 Caregiver 2 (Please indicate preferred option)

PARENT / CAREGIVER 1: (First person to contact)

Family Name: _____

Title: Mr / Mrs / Miss / Ms _____

First Name(s): _____

Address: _____

_____ Postcode: _____

Phone: Home _____

Phone: Work _____

Mobile: _____

Email: _____

Occupation: _____

Work Place: _____

Relationship to Student: _____

PARENT / CAREGIVER 2: (Second person to contact)

Family Name: _____

Title: Mr / Mrs / Miss / Ms _____

First Name(s): _____

Address: _____

_____ Postcode: _____

Phone: Home _____

Phone: Work _____

Mobile: _____

Email: _____

Occupation: _____

Work Place: _____

Relationship to Student: _____

ALTERNATIVE EMERGENCY CONTACT DETAILS

Name: _____

Phone: Home _____

Relationship to Student: _____

Phone: Mobile _____

STUDENT HEALTH INFORMATION

Are there any health problems, special needs or illnesses of which the school should be aware? Yes No

If 'yes' please specify _____

If the student is on prescribed drugs, please list, and give other relevant information that would help the school provide appropriate care _____

Name of family doctor / medical centre: _____ Phone Number: _____

Additional information (optional): _____

Do you give permission for your child to be given Panadol for minor discomfort/headaches? Yes No

CIVIL DEFENCE EMERGENCY

In the event of an emergency, it is the school's responsibility to care for the child until such time as the child can be collected by their parent/caregiver or another person authorised to do so. We cannot allow children to be collected by anyone else. Records will be kept of the students allowed home and the person escorting them home. It is your responsibility to update this information if circumstances change.

Options for caregivers:

1. I give permission for my child to identify a trusted friend or relative and the school to release my child to that person. I understand that signing this waiver means I absolve the school of any responsibility for any actions that may result from my child exercising this judgement. Yes No

OR

2. The **only** people authorised to collect my child in addition to those nominated as Caregiver one or two are as follows:

Name: _____ Relationship to Student: _____

Address: _____ Mobile: _____

Name: _____ Relationship to Student: _____

Address: _____ Mobile: _____

Signed: _____ Date: _____

PRIVACY INFORMATION

I / We authorise the release of information by (a) a previous school to Fergusson Intermediate
(b) Fergusson Intermediate to a future school

Such information will only be used for the purposes of placement, meeting learning needs, providing resources and support. This information will only be released with the written permission of the parents / caregivers, except under exceptional circumstances when health, care and protection, or police may override the Privacy Act.

I consent to images of my child (photo/video) being used to illustrate school activities and programmes. (eg Website & Publications).

I give permission for my child to participate in any teacher supervised activities that are within walking distance of the school (separate permission will be sought for trips further afield).

Signed _____ Date: _____