



Fergusson Intermediate School

“AMPLIFY THE AWESOME”



Office Use

2024/2025 Year Level 7 / 8

In Zone _____ EDGE _____
Out of Zone _____ SENCO _____

Please complete this form and return with the following documents :

- Students born in New Zealand :
Birth Certificate OR Passport
- Students born outside New Zealand :
- **Passport and Residency Permit OR Student Visa for NZ Passport OR Citizenship Certificate**
- Immunisation Certificate
- Proof of Address (In-zone only) - 2 documents e.g. power/rates bill, bank statement

STUDENT DETAILS			
Legal Surname			
Legal First Name			
Middle Name/s			
Preferred Names (These are the names that this child is known by. These may be the same as the legal names)			
Preferred Surnames			
Preferred First Name			
Date of Birth		Gender	
Current Year Level			
Previous School			
Home Address	Number & Street Name		
	Town / Postcode		

PRIMARY CAREGIVERS (MAIN RESIDENCE) <i>(must be the address the student resides at)</i>	SECONDARY CAREGIVERS / RESIDENCE <i>(if applicable)</i>
Surname Mr / Mrs / Ms / Miss :	Surname Mr / Mrs / Ms / Miss :
First Name :	First Name :
Relationship to student :	Relationship to student :
Address : _____ _____ _____	Address : _____ _____ _____
Home Phone : _____ Mobile Phone : _____ Work Phone : _____	Home Phone : _____ Mobile Phone : _____ Work Phone : _____
Email :	Email :

EMERGENCY CONTACT #1 <i>(who should the school contact if primary contacts are unreachable?)</i>	EMERGENCY CONTACT #2 <i>(if applicable)</i>
Surname Mr / Mrs / Ms / Miss :	Surname Mr / Mrs / Ms / Miss :
First Name :	First Name :
Relationship to student :	Relationship to student :
Mobile Phone : _____	Mobile Phone : _____

NON-CUSTODIAL PARENT ACCESS
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.

Is anyone denied access to your child : Yes / No
 Is there a Protection Order in place : Yes / No
 Relevant documents attached : Yes / No

If 'Yes' to 'access denial' or 'protection order' please state who and supply any relevant documents:

PLEASE NOTE : We cannot restrict access to legal guardians without a court order.

STUDENT ETHNIC INFORMATION

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

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)

Name : ___ Parent ___ Sibling _____ **Years Attended**
Name : ___ Parent ___ Sibling _____ **Years Attended**

TELL US ABOUT YOUR CHILD

Does your child have additional needs/abilities that you would like us to know about so we can ensure their educational needs are well catered for when they start at our school?

What support/s has/does your child have/had to support their learning? (e.g. RTLB, Reading Recovery, Counselling, Gifted and Talented).

MEDICAL INFORMATION

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.

Please circle : Yes No

Who is your family doctor?

Doctors Name :
Clinic/Medical Centre :
Phone Number :

I give permission for my child to receive Paracetamol if needed.

Please circle : Yes No

PERMISSIONS

Publicity

Publication of student's name and photograph on the Fergusson Intermediate School Website, Facebook or in publications.

Yes No

School / Class Trips

I give permission for my child to participate in school trips and events 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.

Yes 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 : _____