

BRUCE McLAREN

INTERMEDIATE SCHOOL



ENROLMENT NOTES

The enrolment application must include the following:

- Completed and signed Enrolment Application Form (two pages)
- Completed and signed Student Health Record Form (one page)
- Copy of Birth Certificate or Passport Photo Page

Bruce McLaren Intermediate - Enrolment Form

STUDENT INFORMATION:

Surname:	N/S#:	ROOM:	YR 7:	YR 8:
First Names:	Please note that we require a copy of students Birth Certificate or Passport.			
Preferred Name:				
Date of Birth:	Birth Certificate or Passport Attached? Yes / No			
Boy / Girl	Country of Birth:			
Previous School:	NZ Resident / NZ Citizen			
Ethnic Group/s:	Date of Entry into New Zealand:			
Iwi: (if applicable)	Are you here on a student visa/permit? Yes / No			
Language Spoken at Home:	If so, what date does this expire?			

STUDENT LIVES WITH:

1. Relationship to Child:	2. Relationship to Child:
Title: MRS MR MS MISS	Title: MRS MR MS MISS
Surname:	Surname:
First Names:	First Names:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Address:	Address:
Work Phone:	Work Phone:
Occupation:	Occupation:
Employer:	Employer:
email Address:	email Address:
Legal guardian of this child: YES / NO	Legal guardian of this child: YES / NO

EMERGENCY CONTACTS (must be people other than main caregivers):

This information is very important should your child fall ill at school and we are unable to contact you.

1. Relationship to Child:	2. Relationship to Child:
Title: MRS MR MS MISS	Title: MRS MR MS MISS
Surname:	Surname:
First Names:	First Names:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:

In the event of the school being unable to contact any of the above, I authorise the obtaining on my behalf any medical assistance (if, in the opinion of staff, such treatment is necessary), and agree to meet any costs incurred. In the event of a serious accident, an ambulance will be called.

OTHER INFORMATION:

Samoan Bilingual Class:

Would you like your child to be placed in the Samoan Bilingual Class?

YES / NO

How well does your child speak and understand Samoan?

Basic / Moderate / Fluent

Custody/Special Arrangement:

(Please specify any special living arrangements for your child: custody, welfare, legal access, copies of reports, Court Order, etc)

Cultural Issues:

(Please detail anything that you wish staff to be aware of)

Health Issues:

(Please complete the Student Health Record Form)

Stand Down/Suspension Info:

Has your child had or going through the process of:

a) stand down; b) suspension or c) exclusion?

YES / NO

Student Learning Support:

Does student currently receive any: **RTL** / **LB** / **GSE** / **ESOL Funded** / **PHN** / **Ed. Psych** / **CYFS** /

Other: _____

Additional Information:

(Please detail any additional information that may impact on teaching and learning)

Consent for Images to be Used:

I give permission for my child's name/ visual image to be used for education purposes in (e.g. Website, Year Book, Newsletter, etc)

YES / NO

Please read and sign below:

A. Privacy Act:

I allow Bruce McLaren Intermediate School to:

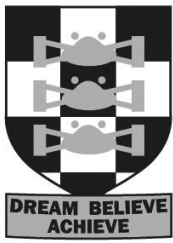
1. Collect such data from my child's previous school as is relevant to the educational and social needs of my child.
2. Collect, whilst my child is attending Bruce McLaren Intermediate School, such data as is deemed necessary to ensure that his/her academic and social needs are met while at Bruce McLaren Intermediate School.
3. Use or pass on education information gained at Bruce McLaren for research purposes on the understanding that the identity of no individual child shall be revealed.
4. Pass on my name and address to the West Auckland high schools, if required, to facilitate the mailing of prospectuses from these schools in my child's Year 8.
5. Pass on such data as is relevant to the educational and social needs of my child to the next school that my child attends.

B. Undertaking:

1. I undertake to support the school and assist my child to keep to the BMIS Codes of Conduct.
2. I will ensure my child is wearing the correct uniform established by BMIS during my child's attendance at this school.
3. I will notify the school and pass on any legal documents affecting my child.
4. I will notify the school in writing if anyone other than those stated on this enrolment form is/are allowed to take my child out of school.

I declare that all the information I have provided in this Application for Enrolment is true and correct:

Signed (Parent/Caregiver): _____ Date: _____



Bruce McLaren Intermediate School

STUDENT HEALTH RECORD

Disclaimer: All existing conditions must be disclosed. The school cannot be held responsible for any incident arising from an illness, health or medical condition not notified to the school in writing.

First Name: _____ Surname: _____

Date of Birth: _____

Family Doctor: _____ Doctors Phone #: _____

Has your child had the following immunisations?

6 Weeks	Yes / No
3 Months	Yes / No
5 Months	Yes / No
15 Months	Yes / No

4 Years	Yes / No
11 Years (Boostrix)	Yes / No
Tetanus	Yes / No

Has this student ever suffered from:

		Severity (<u>underline one</u>)	Medication
Asthma	Yes / No	Mild / moderate / severe	
ADHD/ADD	Yes / No	Mild / moderate / severe	
Diabetes	Yes / No	Mild / moderate / severe	
Epilepsy	Yes / No	Mild / moderate / severe	
Hepatitis B	Yes / No	Mild / moderate / severe	
Past head injury	Yes / No	Mild / moderate / severe	
Rheumatic Fever	Yes / No	Mild / moderate / severe	
Hearing loss	Yes / No	Mild / moderate / severe	
Impaired vision	Yes / No	Mild / moderate / severe	
Arthritis	Yes / No	Mild / moderate / severe	
Any other medical condition	Details – Psych Report / Medical Report should be held by the School Office.		

Does your child suffer an allergic reaction to:

Food: Yes / No	Medication: Yes / No	Stings: Yes / No	Other (specify):
Details:	Details:	Details:	Details:

If YES to any medical or allergy problems, please contact the school office to formulate an action plan to discuss appropriate care.

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY:

- I give permission for my child to receive appropriate treatment when necessary by the school and for the school to administer Panadol on the rare occasions deemed necessary.
- If the school is unable to contact me, or if the accident is serious, I give permission for a staff member to take my child to Accident and Emergency or the doctor.
- I give permission for the school to make arrangements as are deemed necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

Parent/Guardian signature: _____ Date: _____

This information will be kept confidential and only used by the School Office to assist your child.