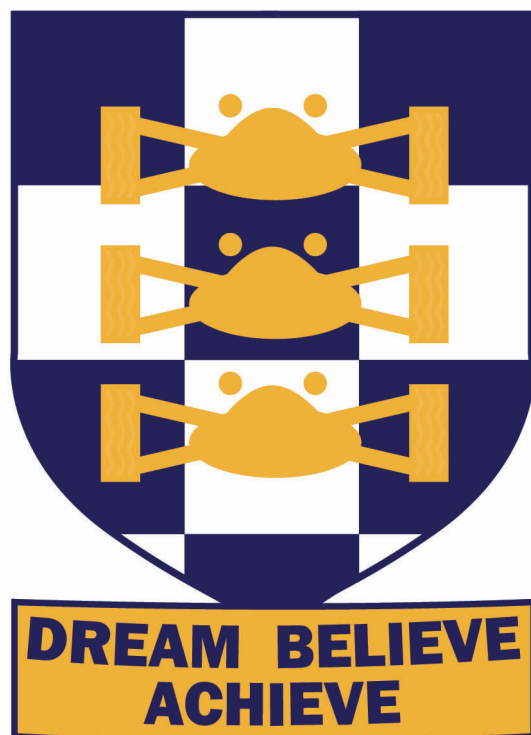


BRUCE McLAREN

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)
- Evidence of eligibility to study in New Zealand
(NZ Birth Certificate / Passport / Visa etc)

Bruce McLaren Intermediate - Enrolment Form

STUDENT INFORMATION:	
Surname:	N/S#: ROOM: YR 7: YR 8:
First Names:	Please note that we require evidence of eligibility to study in New Zealand (New Zealand Birth Certificate / Passport / Visa etc)
Preferred Name:	
Date of Birth:	Birth Certificate / Passport / Visa 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:

If yes, please specify any special living arrangements for your child (custody, welfare, legal access, etc) and provide copies of reports/Court Order). **YES / NO**

Cultural Issues:

If yes, please detail anything that you wish staff to be aware of. **YES / NO**

Stand Down/Suspension Info:

Has your child had or going through the process of: a) stand down; b) suspension or c) exclusion **YES / NO**

If yes, what for:

Student Learning Support:

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

Other (please provide details):

Additional Information:

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

Consent for Images to be Used:

Please be aware that your child’s image may be used on our school website, year book, newsletter, etc. Please let us know if you do not wish their image to be used.

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 School Rules.
2. I will ensure my child is always wearing the correct uniform established by BMIS.
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
Date of Last Tetanus Injection:	

Has this student ever suffered from:

		Severity (please circle)	Medication / Any Other Relevant Information
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.
- 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.

Parent/Guardian signature: _____ Date: _____

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