



dni

2012 ENROLMENT FORM

Personal excellence through accelerating achievement,
inspiring interest, creating confidence





Dunedin North Intermediate School

ENROLMENT FORM FOR REGULAR STUDENTS

NB: Grey Areas are for administration only

Personal Information:

Last Name	First Name(s)	Preferred Name	Gender		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Suburb	City	Postcode	No. of Children	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address if different from above				Eldest Only	
<input type="text"/>				<input type="text"/>	
Phone	Confidential Yes / No	Cell Phone	Fax Number	Email Address	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment Information:

Start Date	Enrolment Number	Year	Room	Date Entered NZ	Fee for Foreign Student	Country of Origin	Access Internet
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date First Started School		Previous School					
<input type="text"/>		<input type="text"/>					

Ethnicity and Language:

Father's Ethnicity	Mother's Ethnicity	First Language
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Details:

Doctor's Name	Address/Phone	Medical Notes/Medication/Disability Information
<input type="text"/>	<input type="text"/>	
Dentist's Name	Address/Phone	
<input type="text"/>	<input type="text"/>	

Birth Certificate (copy attached): YES NO

Accounts Sent To:

Name	Address	Suburb	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	City	Postcode	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Secondary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	City	Postcode	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Business Telephone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Emergency Contacts:

Name	Relationship to Child	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship to Child	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship to Child	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Future Family Members Likely to Attend This School:

Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Members who have attended or are currently attending This School:

Name	Last Year Attended	Gender	Room	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Last Year Attended	Gender	Room	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Last Year Attended	Gender	Room	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra Copy of School Report To:

Extra Copy of School Newsletter To:

Names of Legal Guardians:

Custody Arrangements/Access Restrictions:

Extra Student Notes/Information:

Students Iwi Affiliations – Please list up to 3 Iwi Affiliations separated by a comma:

Iwi

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Parent's Signature