



CHISNALLWOOD INTERMEDIATE

ENROLMENT FORM



STUDENT & FAMILY DETAILS

STUDENT INFORMATION

ALL FIELDS ARE MANDATORY

APPLYING FOR ENTRY INTO:

Year 7 Year 8

MALE FEMALE

ETHNICITY

LEGAL SURNAME (As per Birth Certificate/Passport)

IWI AFFILIATION

LEGAL FIRST NAME (As per Birth Certificate/Passport)

COUNTRY OF BIRTH

PREFERRED NAME

DATE OF ENTRY TO NZ

DATE OF BIRTH

LANGUAGE SPOKEN AT HOME

CURRENT SCHOOL

OTHER LANGUAGES SPOKEN

(Please select one that applies)

NZ CITIZEN PERMANENT RESIDENCE STUDENT VISA OTHER

FAMILY INFORMATION

LEGAL GUARDIAN / CAREGIVER

TITLE SURNAME

LEGAL FIRST NAMES

HOME ADDRESS

SUBURB POSTCODE

TICK IF THIS IS STUDENT'S ADDRESS

TICK IF THIS IS THE FIRST POINT OF CONTACT

HOME PHONE MOBILE

BUSINESS PHONE OCCUPATION

EMAIL

LEGAL GUARDIAN / CAREGIVER

TITLE SURNAME

LEGAL FIRST NAMES

HOME ADDRESS

SUBURB POSTCODE

TICK IF THIS IS STUDENT'S ADDRESS

TICK IF THIS IS THE FIRST POINT OF CONTACT

HOME PHONE MOBILE

BUSINESS PHONE OCCUPATION

EMAIL



STUDENT & FAMILY DETAILS

EMERGENCY CONTACT

ALL FIELDS ARE MANDATORY

IN THE EVENT OF AN EMERGENCY IF LEGAL GUARDIAN/CAREGIVER NOT AVAILABLE

TITLE	SURNAME	LEGAL FIRST NAMES
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS	SUBURB	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	MOBILE	
<input type="text"/>	<input type="text"/>	
BUSINESS PHONE	OCCUPATION	
<input type="text"/>	<input type="text"/>	
EMAIL	RELATIONSHIP	
<input type="text"/>	<input type="text"/>	

CHISNALLWOOD INTERMEDIATE AFFILIATIONS

SIBLINGS (CURRENT/FORMER) OR PARENTS WHO ATTENDED CHISNALLWOOD INTERMEDIATE

FULL NAME	YEARS ATTENDED
<input type="text"/>	<input type="text"/>
FULL NAME	YEARS ATTENDED
<input type="text"/>	<input type="text"/>
FULL NAME	YEARS ATTENDED
<input type="text"/>	<input type="text"/>
FULL NAME	YEARS ATTENDED
<input type="text"/>	<input type="text"/>

LEARNING/BEHAVIOURAL SUPPORT

PREVIOUSLY RECEIVED SUPPORT FOR OR DIAGNOSED WITH ANY OF THE FOLLOWING

- DYSLEXIA
 ADD/ADHD
 AUTISM/ASPERGERS
 ANXIETY/DEPRESSION
 OTHER LEARNING OR BEHAVIOURAL NEEDS
 GIFTED AND TALENTED

- DOES THE STUDENT TAKE REGULAR MEDICATION?
 DOES THIS NEED TO BE ADMINISTERED AT SCHOOL? IF YES, PLEASE PROVIDE DETAILS BELOW:

- Please attach a copy of professional report/assessment if available



MEDICAL INFORMATION

IF YOUR SON/DAUGHTER SUFFERS ANY MEDICAL PROBLEMS, PLEASE CONTACT THE SCHOOL TO DISCUSS APPROPRIATE CARE AND TO FORMULATE AN ACTION PLAN.

HAS YOUR CHILD HAD THE FOLLOWING VACCINATIONS? IF YES, PLEASE TICK ALL APPROPRIATE BOXES:

6 Week Immunisation
 5 Month Immunisation
 4 Year Immunisation
 12 Year Immunisation
 3 Month Immunisation
 15 Month Immunisation
 11 Year Immunisation
 Last tetanus shot / /

NAME OF GP

PHONE NUMBER

HAS/DOES THE STUDENT SUFFER FROM?	SEVERITY (low/medium/high)	MEDICATION REQUIRED (Y/N)
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Migraine <input type="checkbox"/> Yes <input type="checkbox"/> No		
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergy If the answer is yes, what allergies does the student suffer from (e.g. hay fever, food allergies, pet allergies, other?) <input type="checkbox"/> Yes <input type="checkbox"/> No Requires Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any condition that we should know about? <ul style="list-style-type: none"> • Dietary requirements • Physical Condition • Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		
I give permission for the school to administer 1-2 Panadol tablets or liquid if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No		

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY

1. If the school is unable to contact me, or if the accident is serious, I give permission for the school or delegate to take my child to Accident and Emergency or doctor.
2. I give permission for the school to make such arrangements as are necessary for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.
3. I accept that while my child is a student at Chisnallwood Intermediate it is my responsibility to inform the school of any important medical condition acquired by my child.

NAME OF PARENT / LEGAL GUARDIAN / CAREGIVER

SIGNATURE

DATE



AUTHORISATIONS

PUBLIC USE OF IMAGES

In order to keep our website and social media sites current, we would like to be able to display photographs and videos of recent school events which may also be included in the newsletter. We need the permission of parents and caregivers to use photographs and videos that may show an images of your child. In most cases, these will be of groups.

I GIVE PERMISSION I DO NOT GIVE PERMISSION

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

[Signature line] [Date line]

CODE OF CONDUCT

I/We accept that our child while a student at Chisnallwood Intermediate will comply with and respect the school's regulations, attendance and uniform requirements and standards of behaviour as set out by the Board of Trustees.

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

[Signature line] [Date line]

COLLECTION AND USE OF INFORMATION

I agree to Chisnallwood Intermediate collecting personal information on

FULL NAME OF STUDENT

[Student name line]

Chisnallwood Intermediate advises that the information I provide may be used for:

- Student records for Ministry of Education purposes
- Ministry of Social Development purposes to identify possible future employment training or education needs.
- Accounting purposes of the Chisnallwood Intermediate Board of Trustees
- The Chisnallwood Intermediate Parents' Association
- NZ Qualification Authority (NZQA)
- Special Education Services

I agree that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the offices of Chisnallwood Intermediate, 76 Breezes Road, Avondale, Christchurch. I am aware of the rights of access to and correction of this information.

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

[Signature line] [Date line]

PRIVACY STATEMENT

I give permission for academic and attendance data to be shared with subsequent schools.

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

[Signature line] [Date line]



CHISNALLWOOD
INTERMEDIATE
SCHOOL

AUTHORISATIONS

EOTC (EDUCATION OUTSIDE THE CLASSROOM)

I consent to my child participating in EOTC (Education Outside the Classroom) activities both at school and off the school grounds whilst a student at Chisnallwood Intermediate. I understand that some activities will be run out of school hours.

I GIVE PERMISSION I DO NOT GIVE PERMISSION

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

PARENT HELP

At Chisnallwood Intermediate we provide many opportunities for our students however some of these require extra help from our parents. Please sign if you are willing to assist in any EOTC activities that your child may be apart of.

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

SWIMMING SPORTS AND WATER ACTIVITIES

At Chisnallwood Intermediate we provide opportunities for students to participate in water activities whether at swimming pools (e.g. lessons or competition) or in the ocean (e.g. kayaking or sailing at camp). Please indicate your child's ability to swim.

FULL NAME OF STUDENT

- Cannot swim
 Can swim 25 m unaided
 Can swim 50 m unaided
 Can swim 25 m with assistance
 Can swim 100 m unaided
 Has swimming lessons and is a confident swimmer

I give permission for my child to participate in water activities.

SIGNATURE OF PARENT / LEGAL GUARDIAN / CAREGIVER

DATE

BUS TRANSPORT CODE OF CONDUCT

My family and I understand and accept the following school bus rules:

- | | |
|--|--|
| <p>I will:</p> <ul style="list-style-type: none"> • Sit down quietly in my seat • Put my bag on the floor or on my knees • Wear a seatbelt, if there is one, and stay in my seat while the bus is moving • Wait until the bus stops before I leave my seat • Walk quietly from the bus when I get off | <p>I will not:</p> <ul style="list-style-type: none"> • Throw anything out the windows • Eat or drink on the bus • Distract the driver while the bus is moving • Be disruptive or annoying to other passengers |
|--|--|

If I have a concern, I will tell the bus monitor or bus controller. If I misbehave on the bus, the bus monitor/bus driver may report it, and I may be shifted to a different seat on the bus, or excluded from travelling on the bus for either a set time or indefinitely.

STUDENT NAME

STUDENT SIGNATURE

DATE

PARENT NAME

PARENT SIGNATURE

DATE



DIGITAL USERS AGREEMENT

TO BE COMPLETED BY PARENT/CAREGIVER AND STUDENT

The measures to ensure the cyber safety of Chisnallwood Intermediate School outlined in this document are based on our core values.

The school's computer network, Internet access facilities, computers and other school Digital Technology equipment/devices bring great benefits to the teaching and learning programmes at Chisnallwood Intermediate School, and to the effective operation of the school.

Our school has rigorous cyber safety practices in place, which include Digital Technology Use agreements for all school staff, students and visitors.

The overall goal of the school in this matter is to create and maintain a cyber safety culture which is in keeping with the values of the school, and legislative and professional obligations. This Digital Technology User agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cyber safety breaches which undermine the safety of the school environment.

The school's computer network (wired and wireless), Internet access facilities, computers and other Digital Technology equipment/devices are for educational purposes appropriate to the school environment. This applies whether the Digital Technology equipment is owned or leased either partially or wholly by the school, or student owned, and used on or off the school site.

We understand that Chisnallwood Intermediate School will:

- Do its best to keep the school cyber safe, by maintaining an effective cyber safety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school Digital Technology equipment/devices at school or at school-related activities, and enforcing the cyber safety rules and requirements detailed in use agreements.
- Keep a copy of this signed use agreement form on file.
- Respond appropriately to any breaches of the use agreements.
- Provide members of the school community with cyber safety education designed to complement and support the use agreement initiative.
- We welcome enquiries and suggestions from students or parents about cyber safety issues.

Section for student:

- I will follow the cyber safety rules and instructions whenever I use Digital Technology at school.
- I will also follow the cyber safety rules whenever I use

privately-owned Digital Technology on the school site or at any school- related activity, regardless of its location.

- I will avoid or report any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community.
- I will take proper care of school DT equipment. I know that if I have been involved in the damage, loss or theft of Digital Technology equipment/devices, my family may have responsibility for the cost of repairs or replacement
- I will only use my own school provided login on any Digital Technology.
- I will follow the cyber safety rules whenever I use privately-owned Digital Technology on the school site or at any school-related activity, regardless of its location.

Section for parent/legal guardian/caregiver:

- I will consciously discuss with my child the Terms and Conditions of this agreement and so we both have a clear understanding of their role in the school's work to maintain a cyber safe environment.
- I will ensure this DT use agreement is signed by my child and by me, and returned to the school.
- I will encourage my child to follow the cyber safety rules and instructions.
- I will contact the school if there is any aspect of this use agreement I would like to discuss.
- I understand that my child's privately-owned Digital Technology is my child's responsibility and the insurance for the device is my responsibility.
- I understand that teachers will provide a lockable cupboard for my child's privately-owned Digital Technology to be stored in when not in use.
- I understand that a privately-owned Digital Technology is for the use of my child and that the school adheres to a 'sharing screen' concept, whereby my child may share his/her screen with others. In collaborative group work there may be 2-3 children working together, however my child is in charge of his/her device.
- I understand that a privately-owned Digital Technology while the school takes all reasonable steps to minimize risk it takes no responsibility for any loss or damage that might occur.
- I will ensure that apps and software on my child's privately-owned DT must be kept up to date, particularly anti-virus software and applications.

Please note: This agreement for your child will remain in force as long as they are enrolled at Chisnallwood. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

SIGNATURE (PARENT/LEGAL GUARDIAN/CAREGIVER)

SIGNATURE (STUDENT)

DATE

FOR ALL APPLICANTS

- Enrolment Application Form - All sections must be completed and signed by parent/caregiver
- Copy of latest school report
- Birth Certificate or Passport
- For non-New Zealand students: Passport showing residency or Child and Parent(s) passports with student and work visas

WE REQUIRE ALL DOCUMENTATION BEFORE WE CAN ACCEPT AND PROCESS THE APPLICATION. OTHER DOCUMENTATION MAY BE REQUESTED TO SUPPORT THE ENROLMENT.

OFFICE USE ONLY

RECEIVED BY

EMAIL MAIL OFFICE

SIGNATURE

DATE

ENROLMENT NUMBER

COMPLETED



Chisnallwood Intermediate School, 76 Breezes Road, Avondale, Christchurch 8061
Telephone +64 3 884199 Email enrolment@chisnallwood.school.nz

www.chisnallwood.school.nz
