



# WAIMEA INTERMEDIATE SCHOOL

## Enrolment Form

Please return to school by Thursday 18 September 2025

OFFICE USE	
Start date	Year Level
ENROL Database	Room

STUDENT DETAILS					
Legal Family Name	Family Name as per Birth Cert				
Legal First Name/s	eg. William John				
Preferred First Name	eg. Liam	Preferred Family Name			
Date of Birth		Female / Male Please circle			
Mail to Whom for official letters and invoices eg. Cara Friend & Tim Smith					
Current School:		Yr level this year:			
Student's mobile no (if they have one):					
Name of sibling/s attending WIS at present or previously:					
Address child lives primarily at: (include Emergency Service or Rapid No for rural addresses)  NB: proof of address may be required	Main residence				
	Number and Street				
	Rural Delivery				
	Town				
	Postcode				
	Postal address if different				

PRIMARY CAREGIVERS living at Main Residence (same as the address above) Please list both Caregivers where applicable	
First & Family Name: (circle title: Mrs/Mr/Ms/Miss/Dr)	First & Family Name: (circle title: Mrs/Mr/Ms/Miss/Dr)
Relationship to student: (please circle) Mother/Father/Step-parent/Caregiver/Other-specify:	Relationship to student: (please circle) Mother/Father/Step-parent/Caregiver/Other-specify:
Home Ph:	Home Ph:
Work Ph:	Work Ph:
Mobile:	Mobile:
Email: To receive newsletters, class notices & invoices	Email: To receive newsletters, class notices & invoices
Occupation:	Occupation:
Employer:	Employer:

## SECONDARY CAREGIVERS (if applicable)

☐ **SUARED CARE:** parent listed above is Main Caregiver, parent listed here has regular care. Please indicate arrangement:

- ☐ **SHARED CARE:** parent listed above is Main Caregiver, parent listed here has regular care. Please indicate arrangement:  
☐ 50/50 shared care      ☐ Other regular arrangement – please specify: .....
- ☐ **Parent/Caregiver NOT LIVING with student but has legal access to their information**

<b>First &amp; Family Name:</b> (circle title: Mrs/Mr/Ms/Miss/Dr)	<b>First &amp; Family Name:</b> (circle title: Mrs/Mr/Ms/Miss/Dr)
<b>Relationship to student:</b> (please circle) Mother/Father/Step-parent/Caregiver/Other-specify:	<b>Relationship to student:</b> (please circle) Mother/Father/Step-parent/Caregiver/Other-specify:
<b>Postal Address:</b>	<b>Postal Address:</b>
<b>Home Ph:</b>	<b>Home Ph:</b>
<b>Work Ph:</b>	<b>Work Ph:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Email:</b> To receive newsletters, class notices & invoices	<b>Email:</b> To receive newsletters, class notices & invoices
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Employer:</b>
<b>EMERGENCY CONTACT eg Grandparent / Aunt / Friend</b>	
<b>Full Name:</b>	<b>Relationship with student:</b>
<b>Mobile:</b>	<b>Daytime Ph No:</b>

ETHNICITY	
White	60.0
Black	10.0
Hispanic	10.0
Other	20.0

M	:	*		P	:	i	f	a	i	t	e	d		N	E	F		/	p	:	a	r	t		O	:		
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Maori <input type="checkbox"/>	Pacific Island <input type="checkbox"/>	NZ European/Pakeha <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)
<p>* If your child is of New Zealand Maori descent, you have the opportunity to record up to 3 Iwi affiliations.</p> <p>Iwi: 1. 2. 3.</p>			

## RESIDENCY

[illegible]

- ☐ a NZ citizen – **where possible attach either: copy of NZ Birth Certificate, NZ Passport or NZ citizenship certificate**
- ☐ a NZ or Australian resident\* – **must attach copy of other passport showing NZ resident class**
- ☐ an Australian citizen\* – **must attach copy of Australian passport**
- ☐ not a citizen or resident of NZ or Australia\* – **must provide valid student visa with “Domestic Student” conditions**

[illegible]

<b>Country of Birth:</b>	<b>Country of Citizenship:</b>	<b>First Language:</b> (spoken at home)
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## LIVING ARRANGEMENTS / CUSTODY

Are there any special circumstances or information that we need to know about, eg. family situation, living arrangements?

.....

**Legal Access:** If a Caregiver or family member does not have legal access to your child, please provide a copy of the Court Order relating to the person named here.

Name: .....

Court Order attached (please tick) ☐

This request is made in the interests of the school providing good pastoral care for your child. Without this documentation Waimea Intermediate has limited powers to act.

## MEDICAL DETAILS

Medical Centre:

Doctor:

Ph:

### Medical Treatment:

Parents/Caregivers enrolling a student at Waimea Intermediate give permission for the administration of first aid by staff with first aid training. A register is kept of the medication and treatment given. Do you agree to your child receiving mild medication, such as:

Paracetamol, at the discretion of staff? Yes ☐ No ☐

Is your child fully immunized? Yes ☐ No ☐

**Prescribed Medication:** Please contact the school office if you would like us to hold medication for your child.

### Medical Conditions

List any medical problems the school should be aware of:

Condition: eg: Hayfever  
Asthma

Treatment: eg: School can give an anti-histamine if required / Will provide school office antihistamine  
Carries own inhaler (self-controlling)

**As a Health & Safety requirement, if you have indicated that your child has any of the following conditions:**

Anaphylaxis  
Allergies

Seizures  
Diabetes

Asthma (serious)  
Or any other serious/life-threatening condition

Public Health require us to hold full information on your child's condition to help keep them safe and well at school. We will require an up-to-date Action Plan from your GP **before** your child attends WIS. Please forward us an up-to-date copy before their first day.

## LEARNING NEEDS

(supporting documentation must be supplied)

**Has your child been diagnosed with any learning or behaviour conditions, eg ADHD, Dyslexia, ASD?**

Yes ☐ No ☐ If yes, please detail:

Describe any other special circumstances (learning or behavioural) the school should be aware of that may affect class work, sports or cultural activities:

## YOUR CHILD'S INTERESTS

Please indicate some of your child's interests:

## AGREEMENT & PERMISSION SCHOOL BUS

Students who live more than 3.2km from WIS are eligible for free school bus service. All students travelling on a school bus must agree and follow these conditions. I understand and accept the school bus rules.

**My child will travel by bus to and from school regularly/irregularly** Yes ☐ No ☐ If no, please move to next section.

It is important that you complete the [online registration form](#) that will be emailed to you before your child starts school.

**Your signature and your child's on this enrolment form confirms that you understand and agree to the above School Bus agreement.**

### Enrolment Scheme (Zone)

**Out of Zone enrolment applicants must complete this section**

The enrolment scheme is available at the school office or website: [www.waimeaint.school.nz](http://www.waimeaint.school.nz) Please indicate here if any of the following priorities apply to this student and the relevant details of that person:

☐ sibling of a current student ☐ sibling of a former student ☐ child of a former student ☐ child of a board employee ☐ none of these apply

Name/s:

Year/s:

### ONLINE PUBLICATION

I give permission for the online publication and use of my child's name, work & image, in places such as the school website and newsletter. This includes the school Facebook and Instagram. We collect and publish this information to celebrate student achievement and wellbeing and to inform the world of school events and values. We use it to keep a historical record, and to provide an insight into school life for prospective students. Yes ☐ No ☐

### DECLARATION

**Waimea Intermediate also requires the following undertakings to be agreed to by the Caregiver on behalf of themselves and the enrolling student:**

The information supplied is true and correct including the address of primary caregiver where the child normally lives. We agree to:

- abide by school policies, expectations, procedures, including wearing the correct WIS uniform
- allowing WIS to access data from previous school & transfer to next school prior to enrolment (Student Management system data), eg. Ministry of Education, Health, Social Development
- allow him/her to take part in planned school activities in the local community
- advise the school of any change in the supplied information or circumstances so that accuracy for contact may be maintained
- allow contacts recorded on this form to collect my child from school in an emergency event
- allow the school to take action on my behalf in the case of injury or sudden illness to my child
- supply additional proof of address and/or relationship connection in respect of out of zone priorities if requested
- pay associated costs for school activities before the event takes place unless I have made an arrangement with the Finance Officer

#### Confidentiality and Declaration

I understand that this information is requested by the school for communication, support and safety of the student and to meet statutory requirements and in accordance with the Privacy Act 1993. Information is held securely and will only be given to relevant Government agencies where appropriate. The child's records will be forwarded to a subsequent school on notification of enrolment.

Parent Name



Caregiver Signature



Student Signature

Date