



TE ATATU INTERMEDIATE SCHOOL IN ZONE APPLICATION 2021

8 Harbour View Road, Te Atatu Peninsula
Auckland, New Zealand
OFFICE PHONE: (09) 834 5371, FAX: (09) 834 5375
EMAIL: Linda.s@teatatu.school.nz; WEBSITE: www.teatatu.school.nz

OFFICE USE ONLY	
Start date:	/ /
Year level:	
Room number:	
Admission number:	
Entered:	/ /
NSN No:	

STUDENT DETAILS

SURNAME		DATE OF BIRTH	/	/
FIRST NAME		GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
SECOND NAMES		YEAR	<input type="checkbox"/> 7	<input type="checkbox"/> 8
PREFERRED NAME		TELEPHONE		
STREET ADDRESS		MOBILE		
SUBURB AND CITY		POSTCODE		
EMAIL ADDRESS				
LAST SCHOOL ATTENDED		CITY/COUNTRY		

- Proof of Residence in Te Atatu Peninsula – copy of most recent Electricity bill, water bill or rental agreement
- If unable to provide any of the above then please complete the attached notice about the Enrolment Scheme

ETHNICITY

Was the child born in New Zealand?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Citizenship	Country of Birth (if not NZ)
Birth Certificate attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Passport attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	<input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori	<input type="checkbox"/> Iwi	<input type="checkbox"/> Other – please state
Permanent resident of New Zealand?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date entered NZ	/ / <input type="checkbox"/> Student Visa <input type="checkbox"/> Date Visa Expires / /
Main language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> 1 st language	<input type="checkbox"/> Other language spoken at home _____	

MEDICAL

DOCTOR'S NAME	DOCTOR'S TELEPHONE		
MEDICAL PRACTICE			
COMPULSORY IMMUNISATION RECORD – Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDICAL CONDITION	ON MEDICATION	MEDICAL CONDITION	
ADHD /ADD	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> YES <input type="checkbox"/> NO	ASPERGERS/	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE HEARING <input type="checkbox"/> YES <input type="checkbox"/> NO
DIAGNOSED ANXIETY	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTISM	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE VISION <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL ISSUES	<input type="checkbox"/> Asthma <input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Epilepsy
		Please specify medication:	
<input type="checkbox"/> BEHAVIOURAL issues - please specify		<input type="checkbox"/> Relevant documents e.g. Ed Psych. Report attached	
<input type="checkbox"/> LEARNING NEEDS – please specify			

Basic first aid (cuts, abrasions etc).

YES NO

I give permission for my child to have paracetamol for mild discomfort

YES NO

My child's work samples and photograph may be used in school publications (only first name will be used)

YES NO

My child's work samples and photograph may be used on the School website (www.teatatu.school.nz) (only first name will be used)

YES NO

CONTACT DETAILS

CHILD LIVES WITH: Both parents Mother only Father only Caregiver 50% shared custody Legal Guardian
 Other – please specify

MOTHER'S DETAILS

SURNAME	FIRST NAME
STREET ADDRESS	
SUBURB	CITY
Is Student resident with Mother? YES / NO	TELEPHONE
Is Mother responsible for paying Student fees? YES / NO	MOBILE PHONE
Email Address	WORK TELEPHONE

FATHER'S DETAILS

SURNAME	FIRST NAME
STREET ADDRESS	
SUBURB	CITY
Is Student resident with Father? YES / NO	TELEPHONE
Is Father responsible for paying Student fees? YES / NO	MOBILE PHONE
Email Address	WORK TELEPHONE

CAREGIVER'S DETAILS (If student is NOT RESIDENT with Mother or Father)

SURNAME	FIRST NAME/S
STREET ADDRESS	
SUBURB	CITY
Is Student resident with this Caregiver? YES / NO	RELATIONSHIP TO STUDENT
Is Caregiver responsible for paying Student fees? YES / NO	TELEPHONE
If NO, who is?	MOBILE PHONE
	WORK TELEPHONE

EMERGENCY CONTACT DETAILS (including step parent)

SURNAME		SURNAME	
FIRST NAME		FIRST NAME	
RELATIONSHIP TO STUDENT		RELATIONSHIP TO STUDENT	
ADDRESS		ADDRESS	
CONTACT PHONE		CONTACT PHONE	
WORK TELEPHONE		WORK TELEPHONE	

RESPONSIBLE USE OF THE INTERNET

As part of the school's Information Technology programme, students have supervised use of the internet. The school requires students and parents to sign a statement at enrolment regarding use of the internet at school. Concern regarding students' access to inappropriate material on the internet is acknowledged at this school. Our aim is to provide students with access to suitable material that will enhance learning programmes in the classroom. Although every precaution is taken to ensure students cannot obtain such information, we cannot guarantee this will not happen.

Students who knowingly use the internet to access sites that are inappropriate will lose the privilege of using computers in their learning programme and parents will be informed.

STUDENT AND PARENT INTERNET AGREEMENT

I agree to use the school's computers and in particular the internet appropriately. This means that I will:

- Take care with the equipment and use it considerately
- Will only use the internet under supervised conditions – ie with teacher cooperation and supervision
- Not access or download sites that are inappropriate
- Will request teacher help and advice if any such material appears, even if it is unsolicited.

Signed: _____ PARENT/CAREGIVER

_____ STUDENT

DATE: _____

Library Contract

The School Library runs like our local community public library – which means books are scanned out to each child each week on a 2 week hire system. If these books are not returned, they are classed as overdue and a fee will incur if not returned. No further books will be issued until books are returned or paid for. The fee is based on the price of replacement value of the books. At the end of each term a notice of non-returned books will be given to the child or posted home.

Please look after your library card carefully, as this is your unique code. Do not lend out your card. If lost, contact the library as soon as possible so a replacement card can be issued. A fee of \$2 will be charged for each replacement card. Children are encouraged to bring their card each library session to update books.

A library card will be given to your child upon return of a completed and signed contract.

At the end of the year, a final notice will be posted out for any overdue or lost books. Payment can be made at the office if this applies to your child's lost/overdue books.

DECLARATION

I wish to make an application for my child to enrol at Te Atatu Intermediate School. I agree that:

- The school rules, policies and procedures will be upheld – these are available on application if required
- The school uniform will be worn correctly
- I give permission for the school to request information from my child's previous school, the forwarding on to any future school, relevant information and records.
- Students will abide by the rules for walking, biking and scootering to and from school.
For Cycling - helmets must be worn. No riding on school grounds

Signed: _____ PARENT/CAREGIVER

_____ STUDENT

DATE: _____