



TE ATATŪ INTERMEDIATE SCHOOL IN ZONE APPLICATION 2022

8 Harbour View Road, Te Atatū Peninsula
Auckland, New Zealand
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OFFICE USE ONLY	
Start date:	/ /
Year level:	
Room number:	
Admission number:	
NSN No:	
Acceptance Letter :	

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 (MUM)		
SUBURB AND CITY	POSTCODE:	MOBILE (DAD)		
EMAIL ADDRESS	Mum:	Email Dad:		
LAST SCHOOL ATTENDED		CITY/COUNTRY		

- Proof of Residence in Te Atatū 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 – Record attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDICAL CONDITIONS	ON MEDICATION	<input type="checkbox"/> Past head injuries <input type="checkbox"/> Migraines	
ADHD /ADD	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASTHMA
DIAGNOSED ANXIETY	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE
<input type="checkbox"/> Allergies (including anaphylaxis)	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Hay fever	Medication:	<input type="checkbox"/> Hepatitis B
		Information required	<input type="checkbox"/> Epipen/Anapen
			<input type="checkbox"/> Epilepsy
			Attach Management Plan
<input type="checkbox"/> BEHAVIOURAL issues - please specify <input type="checkbox"/> LEARNING NEEDS – please specify <input type="checkbox"/> OTHER MEDICAL CONDITION (Not specified above) <input type="checkbox"/> Relevant documents e.g. Ed Psych. Report attached			

- 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.teatatū.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
 Other _____

FOR COMMUNICATION PURPOSES:

- Please specify if you wish BOTH parents/caregivers to receive information, newsletters, messages etc. emailed to them.
 Or information emailed to a single parent/caregiver only. Please tick Mum Dad Caregiver

MOTHER'S DETAILS

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

FATHER'S DETAILS

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

CAREGIVER/ LEGAL GUARDIAN 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	
TELEPHONE	
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 AND CHROMEBOOKS

Each student at TAI has access to a managed school Chromebook to support his/her learning while at school. We acknowledge that using the internet carries the risk of exposure to inappropriate material, and so have signed up with N4L and Family Zone. These companies provide both internet filtering and reporting, limiting that risk as far as technically possible while still providing access to important online information. Parents/caregivers and students must understand that the school has access to reports on all online activity accessed through the student's school login, and together agree to the following:

- I, (student's full name) will
- * take care of the Chromebook assigned to me and use it only for school-related work and research
 - * will only use it under supervised conditions with my teacher's permission
 - * will report any damage immediately to my teacher
 - * will be held accountable for any willful damage

SIGNED: Parent/Caregiver:

Student:

Date:

LIBRARY

The school library runs like our local community public library. This means books are scanned out to each child on a two week hire system. Students are able to get out two books at a time. If these books aren't returned, they are classed as overdue. No further books will be issued until books are returned or paid for. The cost is based on the price of the replacement value of the book. Overdue notices are emailed to students and parents on a fortnightly basis.

Library cards need to be looked after. Cards must not be lent out or used to get books out for other people. If lost please let Mrs McKeown or Mrs Dobbs know so a replacement can be sorted. Children are encouraged to bring their card each library session to update books.

Payment can be made for lost books to the school office. Once payment has been received students will be able to get books out.

DECLARATION BY PARENT/CAREGIVER AND STUDENT

I wish to enrol my child at Te Atatū Intermediate School, and declare that I have read the school rules and behavior policies ([click here for details](#)) and agree to abide by them.

I will support my child in the following

- * All school rules will be followed and the school's character values upheld
- * The school uniform will be worn correctly
- * If my child is unable to attend on any school day, I will notify the school before 9am
- * Care will be taken while moving between home and school, especially when using scooters, skateboards or bicycles
- * For Cycling – helmets must be worn. No riding on the school grounds
- * Te Atatū Intermediate may request information concerning my child from his/her previous school, and also may forward on relevant information to future schools.

SIGNED: Parent/Caregiver:

Student:

Date:

Please check important School Rules detailed on our website
(<https://www.teatatu.school.nz/wp-content/uploads/School-Rules-and-Discipline.pdf>)