



# TE ATATU INTERMEDIATE SCHOOL IN ZONE APPLICATION 2023

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

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	GENDER:	<input type="checkbox"/> OTHER	Please specify		
PREFERRED NAME		YEAR	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
STREET ADDRESS		MOBILE (1)			
SUBURB AND CITY	POSTCODE:	MOBILE (2)			
EMAIL ADDRESS	Parent 1 email:	Parent 2 Email :			
LAST SCHOOL ATTENDED		Last School Report	<input type="checkbox"/> Report attached		

- 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 <sup>st</sup> language	<input type="checkbox"/> Other language spoken at home _____	

## MEDICAL

DOCTOR'S NAME	DOCTOR'S TELEPHONE
MEDICAL PRACTICE	
IMMUNISATION	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RECORD ATTACHED
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 <input type="checkbox"/> ASPERGERS <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> 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 <input type="checkbox"/> AUTISM <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> VISION <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Hayfever	<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Epilepsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies (including anaphylaxis) Please specify : Medication Epipen/Anapen Attach Management Plan
<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 <input type="checkbox"/> OTHER MEDICAL CONDITION (Not specified above)	

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](http://www.teatatu.school.nz)) (only first name will be used)  YES  NO

**Tikanga Class** *Tu Pakari, Tu Rangatira i roto i te Ao hurihuri.* Providing a unique learning environment that focuses on Tikanga and Te Reo, creating an authentic practices and learning environment. The journey **will require students** and **whanau to be engaged members** of our classroom resulting with confident members who understand Te Reo me ōnā Tikanga. Please indicate if you would like your child to be a member of the 2 Tikanga classes we have.

Whaea Tere will send you a separate enrolment form for more information.  YES  NO

### CONTACT DETAILS

CHILD LIVES WITH:     Both parents     Parent 1 only     Parent 2 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     Parent 1     Parent 2     Caregiver

### PARENT 1 DETAILS

SURNAME	FIRST NAME
STREET ADDRESS	
SUBURB	CITY
Is Student resident with Parent 1?                      YES / NO	TELEPHONE
Email Address:	MOBILE PHONE
	WORK TELEPHONE

### PARENT 2 DETAILS

SURNAME	FIRST NAME
STREET ADDRESS	
SUBURB	CITY
Is Student resident with Parent 2?                      YES / NO	TELEPHONE
Email Address	MOBILE PHONE
	WORK TELEPHONE

### CAREGIVER/ LEGAL GUARDIAN DETAILS (If student is NOT RESIDENT with Parents)

SURNAME	FIRST NAME/S
STREET ADDRESS	
SUBURB	CITY
Is Student resident with this Caregiver?                      YES / NO	RELATIONSHIP TO STUDENT
	TELEPHONE
<input type="checkbox"/> Legal Guardianship Documents attached	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. 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. 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 ..... (students 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 teachers permission
  - \* will report any damage immediately to my teacher
  - \* will be held accountable for any wilful damage

SIGNED: Parent/Caregiver: .....

Student: .....

Date: .....

## LIBRARY CONTRACT

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 books aren't returned or renewed within the two week time frame 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.

A library card is issued to students at the start of the year with a unique ID code on it. Do not lend your card or 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 or during lunchtimes to issue 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 Atatu Intermediate School, and declare that I have read the school rules and behaviour 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 Atatu 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>)**

***NB: Any other important information about the student can be noted on the back page. Thanks***