



TE ATATU INTERMEDIATE SCHOOL IN ZONE APPLICATION 2024

8 Harbour View Road, Te Atatu 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 | | | <input type="checkbox"/> Other |
| 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 (Mum/Dad): Parent 2 email (Mum Dad): | | |
| 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 – 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"/> 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 <input type="checkbox"/> COVID VACCINATION : 1 st Vaccine <input type="checkbox"/> 2 nd Vaccine | | | |
| 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 <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 |
| <input type="checkbox"/> Allergies (including anaphylaxis) | | <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"/> Hay fever 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 | | | |

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 onā Tikanga.

Please indicate if you would like your child to be a member of the 2 Tikanga classes we have.

YES NO

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 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 MUM DAD

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

PARENT 2 DETAILS MUM DAD

| | |
|-------------------------------------------|----------------|
| 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

| | |
|---------------------------------------------------------------|-------------------------|
| SURNAME | FIRST NAME/S |
| STREET ADDRESS | |
| SUBURB | CITY |
| Is Student resident with this Caregiver? YES / NO | RELATIONSHIP TO STUDENT |
| <input type="checkbox"/> Legal Guardianship document attached | 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. 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 students 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 willful 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 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. Do not lend out 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 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 Atatu 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 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