



TE ATATU INTERMEDIATE SCHOOL OUT OF ZONE APPLICATION 2024

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

The following priorities for Out of Zone enrolment apply as directed by the Ministry of Education Guidelines. Please indicate which priority you are applying under:

- 1st Priority: does not apply to this school – we have no special programmes approved by the Ministry of Education
- 2nd Priority: siblings of current students at TAI
- 3rd Priority: siblings of former students at TAI (Birth certificate of former student, school report/photo evidence required)
- 4th Priority: child of a former student at TAI (Proof required – a copy of school report, class photo)
- 5th Priority: child of a current employee of the Board or a child of a Board member
- 6th priority: all other applicants

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	POST CODE:	MOBILE (2)		
EMAIL ADDRESS	Parent 1 email (Mum/Dad): Parent 2 email (Mum/Dad):			
LAST SCHOOL ATTENDED		Last School Report	<input type="checkbox"/> Report Attached	

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 New Zealand	/ /	<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					
IMMUNISATION RECORD – Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
MEDICAL CONDITION		ON MEDICATION		MEDICAL CONDITION	
ADHD /ADD / ODD	<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 Phych. Report attached		
<input type="checkbox"/> LEARNING NEEDS – please specify					

Tikanga Class : Tu Pakari, Tu Rangtatira 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.

YES NO

Basic first aid (cuts, abrasions etc).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I give permission for my child to have paracetamol for mild discomfort	<input type="checkbox"/> YES <input type="checkbox"/> NO
My child's work samples and photograph may be used in school publications (only first name will be used)	<input type="checkbox"/> YES <input type="checkbox"/> 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)	<input type="checkbox"/> YES <input type="checkbox"/> NO

CONTACT DETAILS

CHILD LIVES WITH:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Parent 1 only	<input type="checkbox"/> Parent 2 only	<input type="checkbox"/> Caregiver	<input type="checkbox"/> 50% custody	<input type="checkbox"/> Legal Guardian
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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		<input type="checkbox"/> Mum	<input type="checkbox"/> Dad
SURNAME	FIRST NAME		
STREET ADDRESS			
SUBURB	CITY		
Is Student resident with Parent 1?	YES / NO	TELEPHONE	
		MOBILE PHONE	
Email Address	WORK TELEPHONE		

PARENT 2 DETAILS		<input type="checkbox"/> Mum	<input type="checkbox"/> Dad
SURNAME	FIRST NAME		
STREET ADDRESS			
SUBURB	CITY		
Is Student resident with Parent 2?	YES / NO	TELEPHONE	
		MOBILE PHONE	
Email Address	WORK TELEPHONE		

CAREGIVER/LEGAL GUARDIAN DETAILS	
SURNAME	FIRST NAME/S
STREET ADDRESS	
SUBURB	CITY
Is Student resident with this Caregiver?	YES / NO
<input type="checkbox"/> Legal Guardianship documents attached	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	

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 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 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