



NELSON
INTERMEDIATE

**Te Kura Tūwaenga
o Whakatū**

Nelson Intermediate School

Enrolment Form

 112 Tipahi Street, Nelson 7010  admin@nelsonintermediate.school.nz

 (03) 548 9572  www.nelsonintermediate.school.nz

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ĀKONGA/STUDENT DETAILS

Legal Family Name:

As on Birth Certificate

Legal First Name(s):

As on Birth Certificate

Preferred First Name:

Date of Birth:

DD/MM/YYYY

/ /

Male

Female

Preferred Pronouns :

Current/Previous School:

Ākonga/Student will be starting at: **Year 7** **Year 8**

Name of siblings who are at NIS or have previously attended (if any):

Address

Include Emergency Services or Rapid Number for Rural Addresses

Number/Street:

Rural Delivery:

Town:

Postcode:

Postal Address:

If different

ETHNICITY

NZ European/Pākehā

Other European

Chinese

Indian

Burmese

NZ Māori

Samoaan

Nuiean

Colombian

South African

Iwi

Chin

Cook Island Māori

Fijian

Other

Iwi

Thai

Nepalese

Tongan

Language spoken at home:

OFFICE USE ONLY

Entered on eTap

Entered on Enrol

NSN Number:

PRIMARY CAREGIVERS

As at the address given on page 1

Mrs Ms Miss Dr Mr
First and Family Name:

Relationship to ākonga/student:

Home Phone:

Mobile:

Email:

Work Phone:

Mrs Ms Miss Dr Mr
First and Family Name:

Relationship to ākonga/student:

Home Phone:

Mobile:

Email:

Work Phone:

SECONDARY CAREGIVERS

Secondary residence - if applicable

Mrs Ms Miss Dr Mr
First and Family Name:

Relationship to ākonga/student:

Home Phone:

Mobile:

Email:

Work Phone:

Address Number/Street:

Rural Delivery:

Postcode:

Town:

Mrs Ms Miss Dr Mr
First and Family Name:

Relationship to ākonga/student:

Home Phone:

Mobile:

Email:

Work Phone:

Address Number/Street:

Rural Delivery:

Postcode:

Town:

EMERGENCY CONTACT

A person who can be contacted other than the above e.g. friend or grandparent

First and Family Name:

Relationship to ākonga/student:

Mobile:

Home Phone:

Work Phone:

If parents are separated at whose address does the ākonga/student normally reside:

Mother/Guardian

Father/Guardian

Payment of accounts - Please indicate who will be responsible for the payment of school accounts

Mother/Guardian

Father/Guardian

Legal Access: If a person does not have legal access to your child please provide a copy of the Court Order relating to the person named below:

First and Family Name:

Court Order Attached

ĀKONGA/STUDENT ELIGIBILITY

Tick ONE and **attach documentation**

NZ Citizen - ATTACH copy of either:	NZ Birth Certificate	NZ Passport	NZ Citizenship Certificate
NZ or Australian Resident - ATTACH copy of:	Other Passport showing residence class visa		
Australian Citizen - ATTACH copy of:	Australian Passport		
Not a Citizen or Resident of NZ or Australia:	Valid Student Visa		
Country of Birth:	Country of Citizenship:		
Date of Entry: / /	Refugee	Migrant	

TRANSPORT TO SCHOOL

Will ākonga/student travel to Nelson Intermediate by bus? Yes No

If yes, what is the distance from your home to Nelson Intermediate in km?

Eligibility = at least 3.2km from NIS in the Atawhai/Nelson City areas.

Please note: There is no school bus service available from Stoke, Tahunanui or Richmond.

HEALTH INFORMATION

Family Doctor:

Phone:

Does your child have any of the following conditions?	Yes	No	Mild/Moderate/Severe	Medication Required
Asthma				
Diabetes				
Eczema				
Hearing Loss				
Heart Condition				
Impaired Vision				
Other:				
Does he/she suffer an allergic reaction to:	Yes	No	Mild/Moderate/Severe	Please specify allergy + treatment
Food				
Medication				
Stings				
Other:				

Are there any other medical problems/issues we should be aware of?

Vaccinations: Please **attach immunisation certificate** (available from your doctor)

Fully Immunised

Not Immunised

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY:

I give permission for my child to receive non-prescription medicines, e.g. panadol, throat lozenges etc. on the rare occasion deemed necessary by staff with first aid training.

If the school is unable to contact me, or if the accident is serious, I give permission for school leadership to take my child to the Accident and Emergency or call an ambulance

Signature:

Date:

/ /

Parent/Caregiver

LEARNING SUPPORT

Supporting documentation attached

Has your child been diagnosed with any learning or behavioural conditions?

e.g. ADHD, Dyslexia, ASD

Yes

No

MĀORI MEDIUM

I wish to have my tamariki considered for Te Pītau Whakarej, for Māori Medium education. This caters for ākonga who have a strong interest in Tikanga Māori and Te Reo Māori.

Yes

No

Language mostly spoken at home: Te Reo Māori English Other:

Prior Bi-lingual Education:

Kohanga Reo

Bi-lingual for 2-3 years

Bi-lingual for 4 or more years

Bi-lingual for less than 1 year

CONSENTS

MEDIA / INTERNET CONSENT

I authorise Nelson Intermediate to publish images of my child on the Internet and/or other media.

I authorise Nelson Intermediate to publish work created by my child.

EOTC CONSENT

I give permission for my child to leave the school grounds with teachers for class activities or trips in the local area, they may walk, be taken in the school van or bus.

I understand that EOTC events have risk and detailed *Risk Analysis and Supervision* documents are available in the school office.

Signature:

Date:

/ /

Parent/Caregiver

DECLARATION

Nelson Intermediate School requires the following undertakings be agreed to by parent(s) or legal guardians on behalf of themselves and the enrolling student.

- The information provided is correct and complete and the school will be advised of any subsequent changes to this information.
- Costs associated with Intermediate activities are paid before the activity takes place unless other arrangements are made with the Finance Manager.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:
 - This information has been provided voluntarily.
 - The information is being collected by the Board of Trustees of Nelson Intermediate so students and parents can be contacted as necessary and for a database relating to the future education, monitoring and reporting of the student's progress and pastoral care.
 - Nelson Intermediate is required to provide some personal information (name, current address, date of birth, gender, ethnicity or academic results) to specified agencies. These include other educational institutions, Ministry of Education, Ministry of Health and Ministry of Social Development.
 - The information collected may be used for statistical and research purposes, while ensuring that no individual is identified.

Name of Parent/Legal Guardian:

Signature of Parent/Legal Guardian:

Date:

/ /

DIGITAL TECHNOLOGIES AGREEMENT

I understand that to be a successful digital citizen we need to:

- Be aware of digital technology challenges and manage them effectively.
- Use digital technology to relate to others in positive, meaningful ways.
- Demonstrate honesty and integrity in my use of digital technology.
- Protect ourselves by not giving out personal information about ourselves or anyone else.
- Respect copyright.

I understand that it is my responsibility to use digital technology resources safely and correctly and:

- I will use digital technology during class time for learning activities only, as instructed by my teacher.
- I will not access any *inappropriate material.
- I will not write or send *inappropriate messages to another person.
- I will handle digital technology carefully and respectfully.
- I will report any issues to my teacher immediately.
- I will use my school password or email addresses for school work only.
- I will not use digital technology for games unless it is part of the classroom programme.
- I will respect other's work and not open or change anything that does not belong to me.
- I will not change settings on any digital technology.
- I will not use a BYOD device that belongs to another student without their permission and only in a shared use situation.
- I will only use the school Wi-Fi network i.e. not 5G.
- I will not use my school email addresses to sign up for sites not approved by the school eg. any social media platforms.

**Inappropriate* means any type of cyber-bullying, rude or threatening messaging, the accessing and/or sharing of pornographic material, accessing social networking sites in school hours, the accessing and/or sharing of illegal/pirated music, movies, images or television shows, the accessing and/or sharing of violent material, and the unauthorised accessing and/or sharing of other people's personal details and information.

I understand that if I do not follow these rules and the following may occur:

- No use of digital technology for a specified time.
- My whānau leader and Principal will be informed.
- My family will be contacted.
- Removal of internet access.
- Removal of my school accounts.

Please note: All activity on the school network is managed and monitored.

ĀKONGA/STUDENT DECLARATION

- I have read and understand this Digital Technology Agreement and agree with the rules and guidelines contained in the Treaty.
- I understand that these rules and guidelines are to be followed when using any technology whilst at school or whilst on any school activity.
- I understand that if I bring my own device to school, or use a device not owned by the school, I must follow the rules and guidelines in the Digital Citizenship Treaty.

Student Name:

Signed:

Parent/Caregiver Signature:

Date:

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CLEAR FORM

PRINT FORM