

Year 7 2022



MASTERTON
INTERMEDIATE SCHOOL

Masterton Intermediate School

APPLICATION FOR ENROLMENT

“E mātahi ana, e mataara!”
Work together and be on to it!

Masterton Intermediate School Office use only

Start Date _____ Enrolment number _____

Year _____ Room _____ Internet Y / N NSN _____

Permission for Panadol Y / N EOTC Y / N Images School Website/etc Y/N

STUDENT INFORMATION - Please complete ALL SECTIONS in order for us to accept your child's enrollment

Surname _____ First Name _____ Name Known As _____

Gender _____ Birth Date ____ / ____ / _20__ Previous School _____

Home Address/es _____

Town/City _____ Postcode _____

CITIZENSHIP

Nationality - New Zealander Other (specify) _____

First language _____ Languages spoken at home _____

ETHNICITY

NZ Maori Please specify iwi _____

NZ European/Pakeha Other (specify) _____

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PARENT/ GUARDIAN 1

Relationship to student: _____ First name: _____ Surname: _____

Main email address: _____ Landline _____

Address: _____ Town: _____

Mobile _____ Occupation: _____

Place of work _____ Work ph: _____

PARENT/ GUARDIAN 2

Relationship to student _____ First name _____ Surname _____

Main email address _____ Landline _____

Address: _____ Town: _____

Mobile _____ Occupation _____

Place of work _____ Work phone number _____

EMERGENCY CONTACT 1

First name: _____ Surname _____ Ph: _____

Relationship to student _____ Resides in which town: _____

EMERGENCY CONTACT 2

First name _____ Surname _____ Ph: _____

Relationship to student _____ Resides in which town: _____

My child's strengths are: _____

My child's weaknesses: _____

Most recent previous sibling who has attended MIS (if applicable): _____

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CONFIDENTIAL MEDICAL INFORMATION

Name of family Doctor: _____

Medical Centre: _____

Phone number: _____

Does your child have a medical condition that we should be aware of? YES / NO

If 'Yes' please describe below:

Medical Issue (eg Asthma)	Mild, moderate, severe	Type of medication taken

Does your child require regular medication whilst at school? YES / NO

If Yes, please give details

Medication	Typical Dosage	How often is it taken

We provide free school lunches and therefore we need to know if your child has any dietary requirements: Y/N If yes, please indicate: _____

Please provide certificates with your enrolment, to show which of the immunisations below your child has received.

Office use only

Certificates sighted for

Hepatitis Polio Diphtheria Tetanus Pertissis HIB Measles Mumps Rubella

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Bus Information

Does your child travel on a bus? _____

What bus route does your child travel on? _____

LEGAL OR CUSTODY ISSUES AFFECTING THE STUDENT

Are there any legal or custody issues that the school needs to know about? YES / NO

If 'Yes' please summarise the issues below and **provide a copy** of the latest custody order/judgement issued by the Court. PLEASE NOTE- if there are changes in custody arrangements, it is your responsibility to ensure that the school has the most up to date records from the Court.

PERMISSIONS

- I give permission for my child to leave the school grounds under direct supervision of a teacher, staff member, or specifically designated adult for education/school sport, within the confines of Masterton where I may or may not be informed of the event. YES / NO
- I give permission for Panadol to be administered to my child by the school (if required).
YES / NO
- I agree to allow images and work attributed to my child to be posted on the school's website and/or Facebook, which will be accessible on the internet.

YES / NO

Student's name _____

Caregiver/ Parent Signed _____

Date _____

Masterton Intermediate School's App - you will be sent an email with details to access the app, then you can download from the App store/Play store

@school mobile

