



Office Use Only:	
Year 7 Room _____	Year 8 Room _____
Admission No. _____	
Admission Date: _____	
Workshop Group: _____	
Language Taken: _____	
Password (6 letters): _____	

FOREIGN FEE PAYING STUDENT APPLICATION FOR ENROLMENT

(to be completed and signed by parent or court appointed guardian)

Pupil's Surname: _____	Pupil's First names: _____
Name Usually called: <i>(If different to First name)</i> _____	Date of Birth: _____
Gender: Male / Female	Last School: _____
Please ensure you have your passport and visa available when enrolling student (parent passport and student passport)	
Ethnic Group: _____ <i>(e.g. European, Pacific Island, Asian, or other)</i>	Pupil Lives with: _____ <i>(e.g. Homestay Family)</i>
New Zealand Home Stay Address: _____ _____ _____	New Zealand Emergency Contact: Name: _____ Phone: _____ Relationship to Pupil: _____ <i>(For use if homestay family cannot be contacted, e.g accident or unexplained absence)</i>
Home Telephone: _____	
Email Address: _____ <i>(For school communications)</i>	
Information about Mother/Guardian: Surname: Mrs/Ms _____ First name: _____ Work place: _____ Work phone: _____ Cellphone: _____ Address: _____ <i>(If not address above)</i> Occupation: (Optional) _____	Information about Father/Guardian: Surname: Mr _____ First name: _____ Work place: _____ Work phone: _____ Cellphone: _____ Address: _____ <i>(If not address above)</i> Occupation: (Optional) _____
Family doctor: _____ Telephone: _____	
Medical Notes: 	
Transport: Walk Bike Bus Car <i>(Circle usual method of getting to school)</i>	

Please describe any learning needs that the applicant has:

INFORMATION PRIVACY AND CONSENT

I agree to Taradale Intermediate School collecting personal information and obtaining records (including Dental records) from the previous school on:

NAME: _____

- I understand that this information will be used to assist with the education of my son/daughter.
- This information may be shared with Health and other education agencies to further assist my son/daughter.
- I agree that this information may be used for statistical and/or research purposes provided that the information will not identify me or my son/daughter.

I understand that the information that I provide will be held at **Taradale Intermediate School** whose address is:

Taradale Intermediate School
6 Murphy Road
Taradale
Napier
Telephone: (06) 844 7264
Fax: (06) 844 6822
E-mail: admin@taradaleint.school.nz

This information may be transferred to another school if my son/daughter moves.

I am aware of the rights of access to, and my right to correct this information

An Internet licence and agreement will be distributed, after instruction at school on using the Internet.

In an emergency, I agree to Taradale Intermediate School:

- seeking medical advice
- administering First Aid (including Asthma inhaler)
- referring pupil for treatment by Medical Centre/Hospital
(An effort will be made to contact Parents/Guardians first)

I also agree that my son/daughter will

- wear the School Uniform as required
- abide by the School Rules as laid down in the School Prospectus/Hand Book/or Policy Documents.

Permission is given for my child to be included in photographs taken while involved in school activities.

DISCLAIMER:

Failure to give relevant information or the giving of false information may result in the termination of enrolment.

SIGNED: _____ DATE: _____
(Parent)