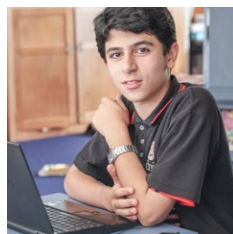
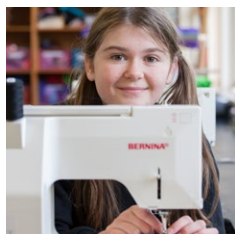




dni

ENROLMENT FORM 2017

PLEASE ENSURE YOU HAVE RETURNED THIS FORM BY 23 SEPTEMBER





Enrolment Form for Regular Students

Student Information:

Last Name	First Name(s)	Preferred Name	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	City	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address if different from above				
<input type="text"/>				
Phone	Confidential Cell Phone Yes / No	Fax Number	Email Address	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment Information:

Country of Origin	Date First Started School	Previous School	Internet Access
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ethnicity and Language:

Father's Ethnicity	Mother's Ethnicity	First Language
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Details:

Doctor's Name	Address/Phone	Medical Notes/Medication/Disability Information
<input type="text"/>	<input type="text"/>	
Dentist's Name	Address/Phone	
<input type="text"/>	<input type="text"/>	

Copy of Birth Certificate attached YES NO (These can be copied at the office when dropping the enrolment off).

Office use only — do not complete

Start Date	Enrolment Number	Year	Room	Date Entered NZ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAREGIVER INFORMATION

Accounts Sent To:

Name	Address	Suburb	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suburb	City	Postcode	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

- I wish to receive school text messages regarding absences and notices.
 - Most of DNI's communication is via email, however I do not have access to email and would like to receive a hardcopy newsletter.
-

Secondary Caregiver:

Relationship to Student	Name	Preferred Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suburb	City	Postcode	Phone Confidential
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	Employer	Business Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

- I wish to receive school text messages regarding absences and notices.
 - Most of DNI's communication is via email, however I do not have access to email and would like to receive a hardcopy newsletter.
-

Emergency Contacts:

Name	Relationship	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Address	City	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Future Family Members Likely to Attend This School:

Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Age	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last family member who attended or is currently attending Dunedin North Intermediate:

Name	Last Year Attended	Gender	Room	House
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra Copy of School Report To:

Extra Copy of School Newsletter To:

Names of Legal Guardians:

Custody Arrangements/Access Restrictions (Please attach a copy of the legal notes or documentation around arrangements):

Extra Student Notes/Information:

Students Iwi Affiliations – Please list up to 3 Iwi Affiliations separated by a comma:

Iwi

- I consent for my child's photograph or school work to be used to share learning experiences within our school community (e.g., newsletters, social media, publicity material).*

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school.

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Working in an online environment is an integral part of student learning. While the school provides a clear guideline to appropriate internet access, my child agrees to be responsible and abide by the school guidelines around correct use of the internet.

Parent's Signature