

'Adventurous risk takers; persistent focussed achievement'

76 Russell Road, Manurewa, Auckland 2102 Phone: 266 8268 Email: office@manurewaint.school.nz

## Enrolment Form 2025

Surname

Year (Please circle)

Migrant

☐ Not Applicable

Refugee

First name/s

Preferred name

only:

Edge Date:

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	7	8
If you would like assistance to complete this enrolment a contact the Student Administrator in the office a		•
The following documents MUST	be included with this	s application:
A copy of the student's full birth certificate		
<ul> <li>A copy of their passport <u>if born outside of Nev</u></li> </ul>	w Zealand (This is a	Ministry requirement).
o If student is not a New Zealand citizen, please	provide relevant pern	nits.
Completed Cyber Safety Use Agreement		
○ Completed Student Health Record		
Completed Social Workers in Schools Consent	: Form	
Proof of address (Bank statement, power bill, e	etc.)	
For office use		ESOL

Transition Profile Received: Yes ☐ N/A ☐ Requested Date:

Previous School: \_

Documents Signed: Yes □

STUDENT	Γ DETAILS	
First Name:	Male / Female. (Please circle)	
Middle Name:	Ethnicity	
Surname:	1	
Preferred Name:	2	
	3	
Date of Birth:	If Maori, Iwi	
Country of Birth:		
NZ Birth Certificate / Passport (Circle one)		
If not born in NZ	Language/s spoken at home	
Immigration status:	1	
☐ Permanent NZ Resident	2	
☐ Work permit	2	
☐ Student permit	3	
☐ Other	•	
Date of expiry: Date of entry into NZ:		
Date of entry into NZ.		
FAMILY	DETAILS	
MAIN CAREGIVER (if not mother/father please provide	e proof of legal guardianship)	
Relationship to Child:		
First Name:	Last Name:	
Home Phone:	Work Phone:	
Cell Phone:	Email Address	
Physical Address:		
The Child lives at this address? YES / NO	If No - Child's Address:	
SECOND CAREGIVER (if not mother/father please pro	vide proof of legal guardianship)	
Relationship to Child:		
First Name:	Last Name:	
Home Phone:	Work Phone:	
Cell Phone:	Email Address	
Physical Address:		
ERAFROCENCY CONTACTS (Descen contacted who	r First and Cocord names not available)	
Pelationship to Child:	Name:	
Relationship to Child: Home Phone:	Mobile Phone:	
MEDICAL:	Mobile Phone:	
Family Doctor / Medical Centre and	Family Dentist:	
address:	Talling Delitist.	
4441 233.		

PREVIOUS SCHOOLING			
Previous Primary / Intermediate	Date Started	Date	Length of
(List most recent first)		Left	Attendance
1.			
2.			
3.			
4.			
OTHER FAMILY MEMBERS AT MANU	JREWA INTERMEDIATE	NOW / P	REVIOUSLY
Name:	Relationship:	Date at MI:	
			_
ADDITIONAL INFORMATION			
AUDITION	AL INFORMATION		

ADDITIONAL INFORMATION Other Information: (Including Custody/Access arrangements, Court Orders)			
Children's Team (Oranga Tamariki)	RTLB		
Counselling	Special Education (part of Ministry of Education)		
ESOL Support	STAND		
Family Support Services	SWiS (Social Workers in Schools)		
ICS (In Class Support)	Whirinaki		
Oranga Tamariki			

	STAND DOWNS / EXCLUSIONS		
Has your child ever been excluded?			
Yes / No			
Yes / No  If yes to either of the above, please explain why:			

## Please complete your name and full mailing address below:

PARENT/CAREGIVER NAME:	
	 _
CHILD'S NAME: _	
ADDRESS: _	
_	
<del>-</del>	
MODIUNG ENAME ADDDECC.	
WORKING EMAIL ADDRESS: _	

PARENT /	CAREGIVER PERM	MISSION
Behaviour:		
I understand that the school has a positive reinford school's "Keys to Success" (Code of Conduct) and part it is a condition of enrolment that I support the school my child by supporting the school in how it deals with have a CCTV security system, images from this may otherwise, actions of your child. I also guarantee that	of the School Wide Positive I in this programme and that that misbehaviour, as outlin be used if a behavioural in	Behaviour for Learning programme. I acknowledge I accept the consequences of any misbehaviour of and in detail in the MOU MAGIC programme. As we incident arises that CCTV footage can confirm, or
Parent/Caregiver:	Student:	Date:
Collection of Data  I am aware that Manurewa Intermediate School will r with the transition and induction process, and also Ministry of Education Te Rito software integrated wellbeing of your child. This system includes the information and personal details of your child. This can of their educational journey. If you would like to view	pass on to relevant future s vith our own student mana standardised Learning Supp n be shared with other school	schools. Manurewa Intermediate will also use the gement system to keep a record of learning and port Register (sLSR), which contains the learning ols as appropriate and will be kept for the duration
Parent/Caregiver:	Date:	<u> </u>
Financial		
I agree to reimburse the school for any damage my cl property. This includes the laptop they are given to u	_	m, wilful damage, negligence or theft of/ to school
Parent/Caregiver:	Student:	Date:
Food Preparation:		
I give permission for my child to take part in the prep	aration and making of food i	n classroom programmes.
Parent/Caregiver:	Date:	
School Counsellor		
The school funds a school counsellor whom your child	d may access, with our witho	ut your knowledge.
Parent/Caregiver:	Date:	
School Uniform:		
I understand that the wearing of the full and proper I the school by providing this uniform for my child and		• • • • • • • • • • • • • • • • • • • •
Parent/Caregiver:	Student:	Date:
Use of Student Photographs; Samples of W	ork and Filming; and N	lewsletter commentary:
Images of students and/or their work are published to the school and wider community, and to promote the material eg. the prospectus, Website, School Facebook named students work may be published in our month collectively wish them a happy birthday! This newslet School can use this material and that they will own the and in school newsletters.	e school. Occasionally studen ok page, external publication nly school newsletter, as well ter is in hard copy and digita	nt work or photographs are used in such publicity s, in displays; or filming work. As well as this, l as the publication of their name and birth date to al form. I agree that Manurewa Intermediate
Parent/Caregiver:	Date:	
The information collected by Manurewa Interme		
This information will be used for educational and necessare required to furnish. The furnishing of false or i		
MANUREWA INTERMEDI	ATE SCHOOL ENROLME	ENT ACCEPTANCE 2025
STUDENT NAME:		
Congratulations and welcome! I am excited to confirm ree to contact us if you have any questions or concern		025 at Manurewa Intermediate School. Please feel
Day 1, Term 1 2025 is Monday 3 <sup>rd</sup> February for ALL whattendance with your child for the day, or any part of it he office). Upon arrival for the powhiri please assemb	t (so if you cannot make the	powhiri come whenever you can – just report in at
Come along, have some fun, join in the games, have a sorward to meeting you then and having you join in for		
SIGNED:	DATE:	
IAIN TAYLOR - PRINCIPAL		