



Henderson Intermediate School Enrolment Form

Office Use Only	Enrol #: ____ / ____	
Start Date:	Zone:	IN OUT
Room:	Year:	
House Colour:		
Student NSN:		
Spec Group:		
Bilingual:		

Student Details

First Name:	Surname:
Preferred Name:	Gender:
Date of birth:	Previous School:
Address*:	Postcode:
Siblings currently attending H.I.S.:	
Students you prefer your child to be classed with:	
*Please provide recent proof of your address	

Nationality:	Birth Cert/Passport # : (Please supply a copy)
Country of Birth:	Home Language:
NZ Citizen? If no please provide a Visa	Date of entry NZ:
Visa Number and Type:	Visa Issue & Expiry:
Ethnic Group (s) please tick appropriate boxes: <input type="checkbox"/> NZ Maori _____ (iwi) <input type="checkbox"/> NZ European <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese	
<input type="checkbox"/> Cook Island <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Fijian <input type="checkbox"/> Indian <input type="checkbox"/> Korean Other _____	

1. Parent/Caregiver/Emergency Details - Please state your address below if different to student's

First Name:	Surname:	
Email:	Relationship to student:	
PH Home:	Mobile:	PH Work:
Address: (if different from student)		

2. Parent/Caregiver/Emergency Details - Please state your address below if different to student's

First Name:	Surname:	
Email:	Relationship to student:	
PH Home:	Mobile:	PH Work:
Address: (if different from student)		

3. Emergency Contacts (If neither Parents/Caregivers are available)

1/ First Name:	2/ First Name:		
Surname:	Surname:		
Relationship to student:	Relationship to student:		
PH Home:	PH Work:	PH Home:	PH Work:
Mobile:	Mobile:		

Please note that this enrolment is not confirmed unless we have at least 3 working emergency phone numbers (this includes 1 or 2 primary caregivers and 2 emergency contacts)

Medical

Does your child have any health problems, disabilities, allergies or illnesses that the school should be aware of?

Condition:	Medication:	Condition:	Medication:
<input type="checkbox"/> Asthma		<input type="checkbox"/> Back Injury	
<input type="checkbox"/> Hearing Difficulty		<input type="checkbox"/> Migraines	
<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Food Allergies	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Vision Difficulty	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Allergy to Stings	
<input type="checkbox"/> Eczema		<input type="checkbox"/> Diabetes	
<input checked="" type="checkbox"/> (tick) Pre School Immunisation Record attached or <input type="checkbox"/> No	Please provide a copy of your child's preschool immunisation history	Do you give permission for Panadol to be given to your child if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Henderson Intermediate School provides a school lunch for our students – if your child has any dietary requirements please list them here:

Doctor:

Phone:

Learning Information Please provide details of any learning difficulties we need to be aware of:

Authorisations

DECLARATION:

I apply to enrol my child at Henderson Intermediate School and agree to abide by the expectations of the school. I will provide the school with documentation relating to my child's birth date, immigration status and proof of permanent residential address if requested.

Signed _____ Date _____

School Expectations

I agree to wear the expected School Uniform. I understand that only natural hair colour is permitted. Jewellery, other than of cultural significance, is not permitted. No make-up or coloured nail varnish is to be worn. No piercings other than one small silver or gold stud in each ear.

Signed _____ Date _____

Media/Internet

I authorise Henderson Intermediate School to publish images of "my child" on the Internet and / or other computer created media, as well as any work that he / she may create at school.

I agree that this consent shall continue until I withdraw my consent by notice to the school.

Signed _____ Date _____

Walking Permission Slip

During the year our students have various trips and curriculum activities that involve walking to and from different venues. To ensure that your child is able to participate in these activities, we require permission for them to leave the school grounds.

Signed _____ Date _____

Henderson Intermediate School

DIGITAL DEVICES POLICY

All digital devices are provided by HIS as educational tools to support your learning; this includes internet access.

Cellphones and Other Personal Digital Devices

Henderson Intermediate School does not recommend that students bring personal digital devices to school. These are not necessary to have during the day. However we understand that some parents/caregivers like their children to have a device to communicate with them after school. If a parent/caregiver needs to contact their child urgently during the day, they should call the office.

Personal digital devices must be handed into your Homeroom Teacher for safe keeping. Once handed in, the School will take all reasonable steps to ensure these are kept secure. The School does not accept responsibility for lost/damaged or stolen personal devices brought to school but investigates any issues as appropriate. **If the device is not handed in, it will be confiscated and returned to the student at the end of the school day.**

Failure to follow the guidelines below, and to use your own common sense in judging what is right and what is wrong, will result in removal of your right to use digital learning devices in your class. Other consequences may also apply.

While using a digital device:

You are expected to:

- Access resources made available across the school's network.
- Always use the computers and network resources with care and respect.
- Use the digital resources for educational purposes.

You are expected to never:

- Access proxy sites that allow you to bypass Henderson Intermediate's internet security and controls.
- Access, download, distribute or publish offensive material.
- Use obscene, offensive, disrespectful or aggressive language towards others.
- Give away or publish your own (or anyone else's) personal contact details over the Internet.
- Give away or publish your own (or anyone else's) login details.
- Send email "Spam."
- Use another person's log-in details.
- Violate copyright laws by copying any media files onto the school servers like games, mp3 songs or movies.

You should also be aware that:

- Teachers are able to see into your user (home) folder. They can delete, add or change anything. Your user folder is an extension of your workbook – it is not a place to keep your secrets! For maintenance and management reasons, network administrators have full control over all folders.
- You are responsible for the contents of your own user folder on the server.
- While using school devices students are monitored with a safety platform called Linewize. This means every key stroke students make is recorded and monitored. Staff are alerted immediately to any online behaviour that is unsafe.

Student declaration:

- I have read and understand this policy.
- I agree to abide by this policy and understand the consequences of a breach of this policy.
- Deliberate damage to a School Chromebook, will result in an invoice being sent home, to cover repair costs.

Student signature: _____

Name: _____ Parent/Guardian signature: _____ Date: _____

Optional

Māori Bilingual & Rumaki Application – Te whānau Moko

I am applying for:

Bilingual (Te Reo Māori spoken 50% or above)

Rumaki (Te Reo Māori spoken 81 – 100%)

Previous enrolment in a bilingual, rumaki or kura kaupapa Māori? Yes/No
If yes, for how many years? _____

Which bilingual, rumaki or kura kaupapa Māori did your child attend?

Reo Māori proficiency

Beginner

Fluent

1

2

3

4

5

Has no Māori language

Do you speak Te reo Māori at home? Yes/No

Does your child have someone to support them in their reo Māori outside of school? Yes/No

All applications to Te whānau Moko will be reviewed and an interview organised with the student, whānau, Team leader and staff.

Please make yourself available at the appointed date and time.

Samoan Bilingual Unit Application – Tupu ma Ola

Samoan language proficiency

Beginner

Fluent

1

2

3

4

5

Has no Samoan language

Do you speak Samoan at home? Yes/No

Does your child have someone to support them in their Samoan Language outside of school? Yes/No

All parents/caregivers of the unit are expected to attend regular meetings to discuss their child's achievement. Are you willing to attend these each term? Yes/No

What are your expectations for your child over the next two years?
