



# Henderson Intermediate School Enrolment Form

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

## 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:	
<b>*Please provide recent proof of your address</b>	

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 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 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:		

## 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"/> Immunisation Record attached	Please provide a copy of your child's immunisation history	Do you give permission for Panadol to be given to your child if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other:

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 \_\_\_\_\_

## 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 DIGITAL DEVICES POLICY

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

**Personal digital devices must be handed into your Homeroom Teacher** for safe keeping. The School accepts no responsibility for personal devices, if they are not handed in before school. **If the device is not handed in, it will be confiscated and returned to the parent of the student, in a meeting with the student and parent/family.**

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.
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**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.

**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.

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?

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#### 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.**

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### 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?

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**Waitemata**  
District Health Board  
*Te Wai Awhina*

**SCHOOL VISION AND HEARING TESTING**

Waitemata District Health Board provides free vision and hearing screening for children. This screening is carried out by Vision and Hearing Technicians who visit schools and provide Vision and Hearing clinics in various community locations.

**VISION TEST:**

Distant vision. A letter matching (or letter identifying) test determines whether the child can see what is expected at 4 metres distance.

**HEARING TEST:**

Audiometry. An audiometer is used to measure hearing. The child wears headphones and drops a peg/bead into a basket every time a sound is heard.

Tympanometry. If the child does not seem to hear all the sounds with the audiometer test, tympanometry is used to show whether there may be “glue ear” or some other blockage in the hearing system. A soft rubber cap seals the opening of the ear and a measurement is made as to how well the ear drum reacts to sound and changes in air pressure.

Parents/caregivers will be informed of all results (including any problems identified). If your child does not pass a vision or hearing screening test, you will receive a letter suggesting what to do, including recommended follow up.

Name of child: ..... NHI number: .....

Date of birth: ..... Ethnicity: .....

School: **Henderson Intermediate School** Room: .....

Child’s address.....

Phone: ..... Mobile: .....

Family doctor (GP): .....

**I consent to vision and hearing testing for my child at school:**

**VISION TESTING** .....Yes.....No..... Comment.....

**HEARING TESTING** ....Yes.....No.....Comment.....

Name of parent/guardian.....

Signature if parent / guardian.....Date:.....

*The results of the screening will be stored in the Ministry of Education ENROL data base. Any information stored on this data base can only be accessed by properly authorised school personal or Vision Hearing Technicians. If your child passed the vision and hearing test at age 4 (part of the B4 School Check) no further routine testing is needed at school.*