

STUDENT DETAILS

Student's **Legal** Family Name : _____ Student's Full Names: _____
Family Name (as per birth certificate) First & Middle Names (eg Ross Stuart)
Students Preferred Family Name: _____ Student's Preferred Name: _____

Male Female Non Binary Transgender Preferred Pronoun : _____ Date of Birth: _____

Current School: _____ Year level (start at) 7 or 8

Name of Siblings	Year level	Current School	Name of Siblings	Year level	Current School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ETHNICITY

An Ethnic Group is required by the Ministry of Education for statistical purposes

Please tick one or more boxes:

- NZ European/Pakeha Other European Fijian Tongan Samoan
 Māori Cook Island Māori Niuean Columbian South African
 Iwi: _____ Iwi: _____ Other _____
 Iwi: _____ Iwi: _____

Māori Immersion: At Broadgreen Intermediate we believe it is time to see a thriving whānau /bilingual (Māori Immersion) class in action! We have started this Kaupapa this year and want to continue this in 2023 and take it to another level. This caters for ākongā who have a strong interest in Tikanga Māori and Te Reo.

Please tick if you would like your child to be part of this group (this does not guarantee them a place in this class)

Prior Bi-lingual Education

- Kohanga Reo Bi-lingual for 2-3 years Bi-lingual for 4 or more years Bi-lingual for less than 1 year Beginner

Confirmation of Residency

The intermediate is required to confirm the residency of all students. Please confirm student eligibility (tick one box and **attach copy**)

- a NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate)
 a NZ or Australian resident (attach copy of other passport showing NZ residence class)
 an Australian citizen (attach copy of Australian passport)
 Is not a Citizen or Resident of NZ nor a citizen of Australia (provide valid student visa/permit with conditions containing "Domestic Student")

Country of Birth: _____ Country of Citizenship: _____ First language (spoken at home): _____

Address child lives primarily at: _____	
Does a shared care arrangement exist for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No With Whom? _____ (indicated below)	
PRIMARY CAREGIVERS (Main residence)	
First and Family Name: Mr/Mrs/Ms/Miss/Dr	First and Family Name: Mr/Mrs/Ms/Miss/Dr
Relationship to student:	Relationship to student:
Address: <small>Proof of residence may be requested</small>	Address: <small>Proof of residence may be requested</small>
Home Phone:	Home Phone:
Cellphone:	Cellphone:
Work No:	Work No:
Workplace:	Workplace:
Email: (our preferred means of contact)	Email: (our preferred means of contact)

SECONDARY CAREGIVERS (Secondary Residence – if applicable)

Please tick which arrangement fits this caregiver:

- SHARED CARE – parent listed on front page is main caregiver, parent listed here has regular care 50/50 shared care other regular arrangement
 Parent/Caregiver not living with student has legal access to their information

First and Family Name: Mr/Mrs/Ms/Miss/Dr	First and Family Name: Mr/Mrs/Ms/Miss/Dr
Relationship to student:	Relationship to student:
Address: <small>Proof of residence may be requested</small>	Address: <small>Proof of residence may be requested</small>
Home Phone:	Home Phone:
Cellphone:	Cellphone:
Work No:	Work No:
Workplace:	Workplace:
Email: (our preferred means of contact)	Email: (our preferred means of contact)

EMERGENCY CONTACT (a person who can be contacted other than the above eg friend, neighbour or grandparent.)

Full Name:	Relationship with Student:
Cellphone:	Daytime Phone numbers:

Legal Access: If a person does not have legal access to your child please provide a copy of the Court Order relating to the person named below:

Name: _____ Court Order attached (please tick)
 This request is made in the interests of the school providing good pastoral care for your child. Without the documentation the school has limited powers to act.

HEALTH INFORMATION

The ongoing health and wellbeing of your child is the reason we require the following information. Please answer all questions in full.

Does your child have any of the following conditions?	Severity of Condition:			Medication please name and provide to school if required
	Mild	Moderate	Severe	
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hearing loss	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Impaired Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:				
Do they suffer an allergic reaction to:				Medication required (please name)
Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:				
Are there any other medical problems/issues we should be aware of?				

Vaccinations: Please attach immunisation certificate (available from your doctor) Fully Immunised Not Immunised

Medical Centre/Family Doctor:	Phone:
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Prescribed Medication: Please contact the school office if you would like us to hold medication for your child.

As a Health and Safety Requirement, if you have indicated that your child has any of the following conditions:

- Anaphylaxis Seizures Asthma (severe)**
Allergies Diabetes or any other serious or life-threatening condition

Public Health require us to hold full information on your child's condition to help keep them safe and well at school. We will require an up-to-date Action Plan from your GP before your child attends BIS. Please forward us a copy before their first day.

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY:

- 1) I give permission for my child to receive non-prescription medicines, e.g. Paracetamol/Panadol, Throat Lozenges.
- 2) If the School is unable to contact me, or if the accident/illness is serious, I understand that the school will take action on my behalf.

Signature: _____ Date: _____
 PARENT/ WHĀNAU/ GUARDIAN

LEARNING CONDITIONS (Supporting document must be supplied)

Has your child been diagnosed with any learning or behaviour conditions e.g. ADHD, Dyslexia, ASD?

Yes No

If yes please detail:

Describe any other special circumstances (learning or behavioural) the school should be aware of that may affect class work, sports or cultural activities:

BROADGREEN INTERMEDIATE - STUDENT USER AGREEMENT OVERVIEW – as per Prospectus**STUDENT STATEMENT**

I know about the ways I should use digital devices and online spaces at school for learning. I know that I should be kind, careful and responsible when I use devices, and when I go online, and this is the same for the devices that school owns, or if it is my own device that I bring to school.

I know that if I behave in ways that are not safe online, or kind or responsible, that this is not okay at Broadgreen Intermediate. There may be some actions that my school might have to take, such as not being able to use the school device or a device I have brought from home.

I understand and agree to use digital technology and the internet at school safely and for learning, whether it is on a school device or one I have brought from home.

PARENT/ WHĀNAU/ GUARDIAN DECLARATION

I know that if my child makes choices or behaves in ways that don't align with this Student User Agreement there may be consequences or outcomes that the school will talk about with me.

The information provided is correct and complete and the school will be advised of any subsequent changes to this information.

Costs associated with Intermediate activities are paid before the activity takes place unless other arrangements are made with the finance officer.

For the purpose of the Privacy Act 1993, I hereby acknowledge and understand that:-

- This information has been provided voluntarily.
- The information is being collected by the Board of Trustees for communication, support and safety of the student, and to meet statutory requirements of the Ministry of Education. Information is held securely in the school office.
- We are required to provide some personal information (name, current address, date of birth, gender, ethnicity or academic results) to specified agencies. These include other education institutions, Ministry of Education, Ministry of Health and Ministry of Social Development. The information collected may be used for statistical and research purposes, while ensuring that no individual is identified.

We agree to:

- Abide by school policies, expectations, procedures, including wearing the correct BIS uniform.
- The publication and use of my child's names, work and image.
- Allowing BIS to access data from previous school and transfer to next school prior to enrollment (Student Management system data).
- Allow them to take part in planned school activities in the local community.
- Allow contacts recorded on this form to collect my child from school in an emergency event.
- Supply additional proof of address and/or relationship connection in respect of out of zone priorities if requested.

Enrolment Scheme (Zone) for out of zone applicants

The enrolment scheme is available on the school website: www.broadgreen.school.nz Please indicate here if any of the following priorities apply to this student and the relevant detail of that person (name, year):

Sibling of a current student Sibling of a former student a child of a former student a child of a board employee none of these apply

Signed: _____

PARENT/ WHĀNAU/ GUARDIAN

STUDENT

DATE

OFFICE USE ONLY

Date Child started		Entered on Computer	
Room		Teacher	
Enrolment number			