FERGUSON INTERMEDIATE SCHOOL

ENROLMENT FORM

OFFICE USE ONLY			
DATE OF ENROLMENT			
NATIONAL STUDENT NUMBER			
ROOM		YEAR	
OFFICIAL START DATE			

STUDENT DETAILS

LEGAL FIRST NAME:				PREFERED FIRST NAME:		
LEGAL SURNAME:				PREFERED SURNAME:		
COUNTRY OF BIRTH:				DATE OF ENTRY TO NZ (if born overseas):		
DATE OF BIRTH:	DAY	MONTH	YEAR	GENDER: (PLEASE CIRCLE)	MALE	FEMALE
ADDRESS:						
				POSTCODE:		
PREVIOUS SCHOOL:				REASON FOR LEAVING PREVIOUS SCHOOL: ☐ Year 6 Leaver ☐ Other: Please Specify:		
ETHNICITY: *(This information is required by the Ministry of Education for statistical purposes. State up to three)*						
1:			2:			3:
Māori Iwi/Tribe: (Select up to three)						
1:			2:			3:
SPOKEN LANGUAGES: (If First Language is NOT English)						
1:			2:			3:
FIRST LANGUAGE:				LEARNING LANGUAGE:		

BILINGUAL UNITS

(Ferguson Intermediate School has 2 bilingual units. If you are interested in your child/ren joining one of these classes, please tick your preference)

TE PIRINGA REO	FOTUA'I LOU LUMANA'I	MAINSTREAM
☐	☐	☐

OTHER CHILDREN AT THIS SCHOOL: *Please list your other children at F.I.S to enable us to link siblings in our student system*	
Full Name:	Date of Birth:
Full Name:	Date of Birth:

Full Name:	Date of Birth:

PARENT/GUARDIAN CONTACT DETAILS

PARENT/GUARDIAN CONTACT DETAILS

PRIMARY CONTACT: (STUDENT LIVES AT THE SAME ADDRESS)			
MR / MRS / MISS / MS (PLEASE CIRCLE ONE)			
FIRST NAME:		SURNAME:	
ADDRESS:			
RELATIONSHIP TO STUDENT: (i.e. Mother, Father, etc)			
HOME PHONE:		WORK PHONE:	
MOBILE PHONE:			
EMAIL:			

SECONDARY CONTACT: (STUDENT'S LEGAL GUARDIAN)			
MR / MRS / MISS / MS (PLEASE CIRCLE ONE)			
FIRST NAME:		SURNAME:	
ADDRESS:			
RELATIONSHIP TO STUDENT: (i.e. Mother, Father, etc)			
HOME PHONE:		WORK PHONE:	
MOBILE PHONE:			
EMAIL:			

EMERGENCY CONTACT 1: (Contact different from Primary/Secondary Contact)			
MR / MRS / MISS / MS (PLEASE CIRCLE ONE)			
FIRST NAME:		SURNAME:	
ADDRESS:			
RELATIONSHIP TO STUDENT: (i.e. Mother, Father, etc)			
HOME PHONE:		WORK PHONE:	
MOBILE PHONE:			
EMAIL:			

AUTHORISED PEOPLE TO PICK UP MY CHILD: (e.g. older sibling, family friend). NB: must be 18yrs+)		
FULL NAME:	NUMBER:	RELATIONSHIP TO STUDENT:
FULL NAME:	NUMBER:	RELATIONSHIP TO STUDENT:
FULL NAME:	NUMBER:	RELATIONSHIP TO STUDENT:

STUDENT MEDICAL INFORMATION

STUDENT MEDICAL INFORMATION

This information helps us care for your child during illness or emergencies. If you indicate a condition, we MAY share a copy of this form with the class teacher.

Student's Full Name:	**NHI Number:**
Doctor:	
Medical Practice Name and Address:	

If the student has (or has ever had) any of the following conditions, please tick accordingly. ***If yes is ticked,*** *indicate the severity and* ***state medication required,*** *if applicable. This form authorises a delegated school staff member to give my child their medication.*

CONDITION	**YES/NO** (Circle ONE)	**MILD**	**MOD**	**SEVERE**	**List details, medication and/or any supporting paperwork**
Asthma	**Yes / No**	☐	☐	☐	
Bee or Wasp Stings	**Yes / No**	☐	☐	☐	
Allergies/Epipen *(if yes, please specify allergy)*	**Yes / No**	☐	☐	☐	
Diabetes	**Yes / No**	☐	☐	☐	
Rheumatic Fever	**Yes / No**	☐	☐	☐	
Wears a Medic Alert	**Yes / No**	☐	☐	☐	
Headches/Migraines	**Yes / No**	☐	☐	☐	
ADHD or ADD *(Please circle one)*	**Yes / No**	☐	☐	☐	
ASD or Autism	**Yes / No**	☐	☐	☐	
Physical Disability	**Yes / No**	☐	☐	☐	
Hearing Loss	**Yes / No**	☐	☐	☐	
Epilepsy *(If YES, when was the last seizure?)*	**Yes / No**	☐	☐	☐	
Other Medical Conditions *(Please specify)*	**Yes / No**	☐	☐	☐	

Medication my child is currently taking (e.g. antibiotics, etc), dosage, time to be taken.	**1.** **2.**

None of the above conditions applies to my child ☐

Student Own Medication

All medications or drugs required for regular or emergency use must be handed in to the school office, unless previously agreed upon. Medication must be provided in original pharmacy containers with the child's name and dosage instructions.

Declaration

I/We understand that the giving of the above-mentioned medication will only be under the circumstances listed and according to the expressed written instructions given by the Parent/Guardian of the child; that the school, in giving any medication, is acting responsibly and in the best interests of my child but is not responsible for any unforeseen circumstances.

Parent/Guardian's Signature:_____ **Date:**_____

SENSITIVE INFORMATION				
STUDENT LIVE WITH: (Tick one)	☐ **Both Parents (Shared care, same address)**	☐ **Mother ONLY**	☐ **Father ONLY**	
	☐ **Both Parents (Shared care, different address)**	☐ **Other (please specify)**		
Custody Arrangement/Access Restrictions: *(If yes, please attach supporting paperwork)*	☐ **YES**	☐ **NO**		
Does your child have restricted parental access? If so, please provide the necessary documentation to support this and explain in as much detail as you can				

- Students enrolling who are born **IN** NZ **MUST produce a NZ Birth Certificate** OR **Passport.**
- Students enrolling who are born **OUTSIDE** of NZ **MUST produce a Passport, Citizenship Certificate, relevant UP-TO-DATE Student Visa OR Resident's Visa.**

☐ I/We understand the guidelines for students' behaviour and the standards for uniform.

☐ I/We understand that the provided information about my child is correct and true.

☐ I/We agree to abide by the school's policies and procedures, including ICT Conditions.

☐ I/We will support the school and my son/daughter in ensuring that these guidelines are followed.

☐ I/We are aware that Student Mobile Phones are **NOT ALLOWED,** and it is not the school's responsibility should any damage or loss occur.

STUDENT SIGNATURES:	**DATE:**
PARENT/GUARDIAN SIGNATURE:	**DATE:**

FERGUSON
INTERMEDIATE SCHOOL

INFORMATION & COMMUNICATION

PARENT CONSENT FORM

Kia ora Parent/Guardian/Whānau,

This consent form allows your child to use Digital Learning safely at Ferguson Intermediate School. Please read the guidelines below and sign this form if you agree with the terms and conditions.

When I use digital technologies and the internet, I agree to always be a safe and responsible user by:

1. Respecting others and communicating with them in a supportive manner; never writing or participating in online bullying.
2. Protecting my privacy; not giving out personal details, including my full name, telephone number, address, and passwords.
3. Handling ICT devices with care and notifying a teacher of any damage or required attention.
4. Not accessing blocked websites, i.e. Facebook, Instagram, TikTok.
5. Not interfering with network systems and security, or the data of another user, or attempting to log into the network with a username or password of another user.

By signing this consent form, I understand that Ferguson Intermediate School may use photos/videos/images of my child to celebrate educational achievements and publish educational events, as deemed appropriate by the Ministry of Education.

I also understand that if my child does not adhere to the above conditions, digital privileges may be revoked and my child's access to digital technologies may be denied.

I further understand that if I wish to withdraw from this agreement, I may do so at any time by emailing the school office.

STUDENT SIGNATURES:	**DATE:**
PARENT/GUARDIAN SIGNATURE:	**DATE:**

FERGUSON
INTERMEDIATE SCHOOL

SCHOOLWIDE PERMISSION SLIP

It can be difficult to reach parents and caregivers in the event of sickness, accidents, emergencies, and school trips. Although we aim to communicate with parents and caregivers and send out permission slips and notices in advance, they can sometimes be misplaced.

This school-wide permission slip is used in the event that we are not able to contact you in an emergency, and enables your child to **still participate** in local events, education, and sport activities outside of school grounds (EOTC)

Please read through this list carefully and if you agree, circle **YES or No.** Please remember, you can change your mind at any time throughout the year by contacting the school office.

I/We give Ferguson Intermediate School the following permissions:

	PERMISSIONS	YES / NO (Please circle ONE)
PERMISSIONS	I/We permit the school to give Pain Relief (Paracetamol) if my child is in pain.	**YES / NO**
	In an EMERGENCY, I/We permit the school to "Act on behalf of" a student.	**YES / NO**
	I/We permit the school to share any relevant medical information with the Department of Health.	**YES / NO**
	I/We give permission to digitally publish and display photos/videos of my child and samples of student work for educational purposes. i.e. school productions and activities, learning and teaching purposes in the classroom and around the school.	**YES / NO**

FERGUSON
INTERMEDIATE SCHOOL

EOTC BLANKET STUDENT/PARENT CONSENT FORM

This EOTC form covers events that occur during a school day and conclude before 6 pm.

If an event involves risk exposure greater than what is typical at school, such as adventurous activities or hazardous environments, or continues overnight, we will require specific consent. When we seek further consent, you will also be asked to update your emergency contact and health information.

Please complete this form at the start of the year for all students participating in EOTC events. Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities at EOTC events. Please provide up-to-date, accurate, and complete information so we can plan appropriately.

Please ensure all sections of this form are completed and returned to the Ferguson Intermediate School Office upon enrolment.

STUDENT SIGNATURES:	**DATE:**
PARENT/GUARDIAN SIGNATURE:	**DATE:**

SWIMMING CONSENT

For activities where swimming is essential. Consent does not remove the need for group leaders to determine the student's swimming ability.

I DO / DO NOT permit my child to participate in any swimming activities.

SWIMMING ABILITY

My child is a confident swimmer in a pool	**YES**	**NO**	**I DON'T KNOW**
My child can swim 50 meters in water	**YES**	**NO**	**I DON'T KNOW**
My child is confident in deep water	**YES**	**NO**	**I DON'T KNOW**
My child can tread water.	**YES**	**NO**	**I DON'T KNOW**
My child can float in water.	**YES**	**NO**	**I DON'T KNOW**
My child is aware of the dangers around water and is safety-conscious around water.	**YES**	**NO**	**I DON'T KNOW**

STUDENT CONTRACT

(PLEASE check boxes if you agree with the terms and conditions of the school)

☐ I understand that any EOTC event is an opportunity for me to learn, practice skills and gain attitudes and values in an environment outside the classroom.

- I realise that this requires me to take on genuine responsibility for my own learning and the safety of myself and others.

☐ I agree to do the following to make this happen:

- Show courtesy and consideration for others.
- Follow rules and instructions of staff and other supervisors at any event.
- Take part in all activities within challenge-by-choice options.
- Look after myself and my personal belongings.
- Declare medical conditions that could affect participation.
- Accept the rules set by the school for any event, even if they are different from what is accepted at home.

☐ I understand that my parent/guardian will be contacted, and I may be sent home at their expense if:

- My actions are considered unacceptable by staff.
- I break the school drugs and alcohol policy.
- My actions put myself and others in any danger.

Student Sign:	**Date:**

PARENT CONSENT

☐ I/We agree with my child in taking part in EOTC. I acknowledge the need for them to behave responsibly.

☐ I/We understand that there are risks associated with involvement in Ferguson Intermediate School's EOTC events and that these risks cannot be eliminated.

☐ I/We understand that Ferguson Intermediate School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks

☐ I/We understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.

☐ I/We acknowledge that to gain a better understanding of the risks involved, I can ask any questions to Ferguson Intermediate School about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

Student Sign:	**Date:**
Parent/Guardian Name:	**Date:**
Parent/Guardian Sign:	