



FERGUSON

INTERMEDIATE SCHOOL

ENROLMENT FORM 2023

STUDENT DETAILS

STUDENT DETAILS

| | | | | | | | | | | |
|------------------------------|--|----------------------|--|--|--|----------------|--|-----|-------|------|
| DATE OF ENROLMENT: | | NSN NUMBER: | | | | | | | | |
| PENDING START DATE: | | OFFICIAL START DATE: | | | | | | | | |
| FIRST NAME: | | | | | | | | | | |
| LAST NAME: | | | | | | | | | | |
| GENDER (PLEASE CIRCLE) | | MALE | | FEMALE | | DATE OF BIRTH: | | DAY | MONTH | YEAR |
| ADDRESS WHERE STUDENT LIVES: | | | | | | | | | | |
| COUNTRY OF BIRTH: | | | | HOME PHONE: | | | | | | |
| ETHNICITY: | | | | NAME OF PREVIOUS SCHOOL: | | | | | | |
| IWI AFFILIATION: | | | | REASON FOR LEAVING PREVIOUS SCHOOL: | | | | | | |
| LANGUAGE/S SPOKEN: | | | | IF NEW TO NZ, PLEASE STATE ARRIVAL DATE: | | | | | | |

PARENT / CAREGIVER DETAILS

PARENT/CAREGIVER DETAILS

| | PARENT / CAREGIVER 1 | | | PARENT / CAREGIVER 2 | | |
|---|----------------------|----------|--------------|----------------------|----------|--------------|
| NAME: | | | | | | |
| RELATIONSHIP TO STUDENT: | | | | | | |
| ETHNICITY: | | | | | | |
| PLEASE CIRCLE ONE | RENTING | BOARDING | OWN MY HOUSE | RENTING | BOARDING | OWN MY HOUSE |
| ADDRESS: (IF DIFFERENT FROM STUDENT) | | | | | | |
| HOME PHONE: | | | | | | |
| MOBILE: | | | | | | |
| *EMAIL: | | | | | | |
| OCCUPATION: | | | | | | |
| PLACE OF WORK: | | | | | | |
| WORK PHONE: | | | | | | |

**Please provide us with an email address so we can send out newsletters and permission slips.*

YOUNGER SIBLING DETAILS

| | | |
|------|----------------|-------------|
| NAME | DATE OF BIRTH: | GENDER: M F |
| NAME | DATE OF BIRTH: | GENDER: M F |
| NAME | DATE OF BIRTH: | GENDER: M F |
| NAME | DATE OF BIRTH: | GENDER: M F |

EMERGENCY CONTACT DETAILS

WHO CAN WE CONTACT IN AN EMERGENCY IF WE CANNOT CONTACT YOU?

| | | |
|-------------------|--------------------------|--------------------------|
| EMERGENCY CONTACT | NAME : | NAME: |
| | RELATIONSHIP TO STUDENT: | RELATIONSHIP TO STUDENT: |
| | HOME PH: | HOME PH: |
| | MOBILE: | MOBILE: |
| | | |

MEDICAL INFORMATION:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES/MEDICATION REQUIREMENTS? Eg. ASTHMA,

| | | |
|---------|---|---|
| MEDICAL | CONDITIONS/ALLERGIES: | |
| | MEDICATION: | <input type="checkbox"/> SELF-ADMINISTERED <input type="checkbox"/> MEDICINE HELD AT SCHOOL |
| | DOCTOR: | ADDRESS: |
| | PHONE: | |
| | Has your child received the COVID Vaccine? 1 st Dose <input type="checkbox"/> 2 nd Dose <input type="checkbox"/> | Has your child received their immunization for Measles, Mumps and Rubella (MMR)? 1st Dose <input type="checkbox"/> 2nd Dose <input type="checkbox"/> |

SPECIAL LEARNING NEEDS OR SENSITIVE INFORMATION

DOES YOUR CHILD HAVE ANY SPECIAL LEARNING NEEDS?

| | | |
|---------------------------------------|--|--|
| SPECIAL NEEDS & SENSITIVE INFORMATION | SPECIAL LEARNING NEEDS: EG. HEARING AIDS, WHEELCHAIR, BEHAVIOUR ISSUES, ESOL, RTLB | |
| | DOES YOUR CHILD HAVE RESTRICTED PARENTAL ACCESS? IF SO, PLEASE PROVIDE NECESSARY DOCUMENTATION. | |
| | | |
| | SENSITIVE INFORMATION AGENCY INVOLVEMENTS CYFS, TYLA, SOCIAL WORKER, ETC | |

- All students born in NZ MUST produce a NZ birth certificate or passport.
- All students born outside NZ MUST produce a passport, citizenship certificate, relevant student visas or resident's visa.

I understand the guidelines for student behavior and the standards for uniform.

I agree to abide by the school's policies and rules, including ICT conditions.

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

I am aware that mobile phones are not allowed, and it is not the school's responsibility.

SIGNATURES

| | |
|------------------------------|-------|
| PARENT/CAREGIVERS SIGNATURE: | DATE: |
| STUDENT SIGNATURE: | DATE: |



FERGUSON INTERMEDIATE SCHOOL

SCHOOLWIDE PERMISSION SLIP

As you know in this day and age it can be difficult to get hold of parents and caregivers in the event of sicknesses, accidents and emergencies, and school trips.

Although we aim to communicate with parents and caregivers and give out permission slips and notices in advance, sometimes these can be lost and misplaced.

This school-wide permission slip is used in the event of us not being able to contact you in an emergency, and it also enables your child to **still participate** in local events, education and sports activities outside of school grounds (EOTC).

Please read through this list carefully and if you agree, put a tick (✓) and sign in the appropriate box. Please remember, you can change your mind at any time throughout the year.

| TICK | SIGN |
|------|------|
| | |
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| | |

- **Permission to give Pain Relief (Paracetamol)** in the instance of your child being in pain, headache etc
- **In an EMERGENCY School has permission to "Act on Behalf of"**.
- **Permission to access any relevant medical conditions from Department of Health.**
- **Permission to display your child's photo, and your child's work** for educational purposes in and around school, on our school newsletter, on our school/educational websites.
- **Permission to video your child**, for educational purposes ie. school productions and activities, learning and teaching purposes in the classroom and around school.

| | | |
|------------------------------------|--------------|--------------|
| STUDENT NAME: | | DATE: |
| ROOM: | YEAR: | |
| PARENT/CAREGIVER NAME: | | |
| PARENT/CAREGIVER SIGNATURE: | | |



FERGUSON INTERMEDIATE SCHOOL

INFORMATION & COMMUNICATION PARENT CONSENT FORM

Dear Parent / Caregiver

This permission slip is to allow your child the safe use of Digital Learning at Ferguson. 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 be a safe and responsible user at all times, 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 e.g. Facebook
5. Not interfering with network systems and security, the data of another user or attempting to log into the network with a username or password of another student

In granting this permission, I understand Ferguson may use photos/videos/images of my child for the purpose of celebrating achievements and publishing educational events as deemed appropriate by Ministry of Education.

I further understand that if I wish to withdraw this agreement, I may do so at any time by emailing the principal of my child's school.

Thank you for your cooperation.

| | |
|--|--|
| DO YOU HAVE A COMPUTER, IPAD, TABLET OR LAPTOP AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU HAVE ACCESS TO INTERNET AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

| | |
|------------------------------------|--------------|
| STUDENT NAME: | DATE: |
| ROOM: | YEAR: |
| PARENT/CAREGIVER NAME: | |
| PARENT/CAREGIVER SIGNATURE: | |



FERGUSON INTERMEDIATE SCHOOL

EOTC BLANKET STUDENT/PARENT CONSENT FORM

EOTC Blanket Consent form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the school office during the year.

Please ensure that all sections of this form are completed and it is returned to the Ferguson Intermediate school office upon enrolment.

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

| | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Student Contract

To be read and signed by all participating students.

I understand that any EOTC event is an opportunity for me to learn, practise 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 and that of myself and others.

I agree to do the following to make this happen:

- Show courtesy and consideration for others; Follow the 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 in the event; 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/caregivers 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 me or others in any danger.

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|-------------------------|
| Parental Consent |
|-------------------------|

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.

I understand that there are risks associated with involvement in Ferguson Intermediate school's EOTC events and that these risks cannot be completely eliminated.

I understand Ferguson Intermediate school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.

I 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 acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of 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 NAME: | | DATE: |
| ROOM: | YEAR: | |
| PARENT/CAREGIVER NAME: | | |
| PARENT/CAREGIVER SIGNATURE: | | |