Devon Intermediate

Please confirm that the below information is correct and make any corrections in the spaces provided.

NSN: **STUDENT ID:**

Student Information

Surname :

Fore Names :

Fore Names (Preferred) :

Gender :

Birthdate :

Year Level :

Phone (Home) :

Student Cell Phone :

Physical Address :

Postal Address :

Previous School :

Citizenship

Nationality :

Home Language :

Do you have permanent residence in New Zealand? Yes ○ No ○

Eligibility (Please provide a passport/visa/birth certificate for verification)

Eligibility :

Verification :

Serial No. :

Expires :

Ethnic Origin

Ethnicity :

Iwi :

Primary Caregiver Information

Caregiver 1 Name :

Relationship :

Occupation :

Phone (Home) :

Phone (Mobile) :

Phone (Work) :

Physical Address :

Email :

Caregiver 2 Name :

Relationship :

Occupation :

Phone (Home) :

Phone (Mobile) :

Phone (Work) :

Physical Address :

Email :

Emergency contact - someone other than yourself

Name : _____

Relationship : _____

Phone : _____

Address : _____

_____

_____

Medical/Dietary Information

Doctor's Name : _____

Dentist's Name : _____

Immunisations : _____

Medical conditions : _____

Medication/Notes : _____

_____

_____

Please list below any food allergies/cultural food requirements your child may have :

_____

_____

_____

If your son/daughter has ever been stood-down or suspended from any school please tick the appropriate box(es):

☐ Stood-down Reason _____

☐ Suspended Reason: _____

Are there behaviour issues? (please detail): _____

_____

Are there attendance issues? (please detail): _____

_____

SUPPORT: Has your child ever had or been eligible for any classroom support ie, ICS, RTLB, ESOL **YES/NO**

if so, what type of support: _____

ASSISTIVE TECHNOLOGY: Does your child have any assistive technology provided by the Ministry of Education or other organsation: **YES/NO**

If so, what type of device: _____

DEVICES AT HOME FOR LEARNING: Does your child have a device they can use at home for learning? **YES/NO**

If so, what type of device: _____

INTERNET ACCESS: Do you have internet access at home? **YES/NO**

MANAIAKALANI (DIGITAL LEARNING CLASS): Would you like your child to be considered for one of these classes: **YES/NO**

By indicating you do, you need to be aware that they will require their own chromebook.

Declaration:

- I / We request that the above named student be enrolled at Devon Intermediate.
- I / We agree that the above named student will wear the correct school uniform and abide by the rules, regulations and discipline procedures of Devon Intermediate as laid down in the Uniform and Discipline Policies ratified by the Board **YES/NO**
- I / We give permission for Devon Intermediate to use any images/publications showing my son's / daughter's work or self **YES/NO**
- I / We agree that we have read and will abide by the Internet Use Policy and the Computer Network Policy **YES/NO**
- In an emergency I/we give permission for medication to be administered **YES/NO**
- I / We agree that non uniform items or inappropriate articles can be confiscated and that Devon Intermediate takes no responsibility for confiscated items that may subsequently be lost or misplaced **YES/NO**
- I / We agree that Devon Intermediate will not be responsible for costs associated with any accident or injury sustained during a school related activity **YES/NO**
- I / We agree that cellphones are to be handed into the school office if students bring them to school **YES/NO**

<u>Parental / Caregiver Consent for EOTC</u>

Students from time to time will be involved in Education Outside the Classroom for a period of the school day. I consent to my son's/daughter's involvement. **YES/NO**

I / We agree that all the information provided is complete and accurate. YES/NO

Signature of Mother / Father / Caregiver: .....

Signature of Student: .....

Date: ..... / ..... / .....