



Maidstone Intermediate Enrolment Form

STUDENT DETAILS

Legal Surname: _____

Preferred Surname: _____

Legal First Name: _____

Preferred First Name: _____

Middle Name(s): _____

Date of Birth: _____ Male / Female (Circle)

(copy of Birth Certificate/Passport to be attached)

Address:

_____ Post Code: _____

Home phone number: _____

Ethnic Group: (select up to 3)

NZ Maori (state Iwi may be more than one):

Pacific Islands (state which nation)

Asian (please identify): _____

Other (e.g Middle Eastern, African) _____

Other European (please identify) _____

NZ European/Pakeha _____

Language spoken at home: _____

Previous School: _____

Current Year Level: _____

Sibling currently at Maidstone: _____

Sibling previously at Maidstone: _____

NZ Residency/Citizenship: Yes / No (Circle)

Date NZ Entry: _____ Country of Birth: _____

Expiry Date of Visa: _____

(Copy of Visa to be attached.)

(First person to contact)

Caregiver 1 Details: _____

Title (Mrs/Mr/Ms/Miss)

First Name

Last Name

Address: _____

Relationship to Student: _____

Place of Work: _____ Occupation: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Email Address: _____

(Second person to contact)

Caregiver 2 Details: _____

Title (Mrs/Mr/Ms/Miss)

First Name

Last Name

Address: _____

Relationship to student: _____

Place of Work: _____ Occupation: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Email Address: _____

EMERGENCY CONTACT:

(For use if caregivers 1 & 2 can't be contacted)

Name: _____

Address: _____

Relationship to student: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Email Address: _____

For School Use Only.

Room No: _____

Year Level: _____

MEDICAL

Doctor: _____ Dentist: _____

Medical Condition: _____ Medication: _____

Allergies: _____ Vision: _____ Hearing: _____

Permission to give Panadol for headache or other pain? Yes / No (Circle)**Immunisation:** Full / Partial / None (Circle) If partial please state which:**LEARNING & BEHAVIOUR**

Learning/Behaviour Needs: _____

Current Agencies Involved: _____

ORS Funding: Yes / No (Circle)

PASTORAL**Court Order Issued:** YES / NO (Circle) (copy for file please)**Who Does Student Live With:** Legal Guardians: _____

Both Parents at same address. YES/ NO

Solely with _____

Shared custody _____

Extra Copy of Report To: _____

PERMISSIONS**Payment of Costs***I agree to pay all costs associated with Specialist Programme, Curriculum Activities (e.g trips) and Sports or Cultural Activities that my child is involved in.**I understand the School Donation is voluntary.* YES / NO**Publication of Photos and Work***I give permission for my child's photo and samples of their work to appear on the Maidstone Intermediate website and in school publications*

YES / NO

School-wide performance/sports events, class and school trips, local walks*I give permission for my child to attend Maidstone Intermediate School class trips, performances, and activities in/and outside of the school. Transport to and from these activities will be either by bus, train, private car or by walking.*

YES / NO

*I understand the school will provide the necessary care and supervision of pupils and that I will be notified via Newsletter and/or notice of any trip, performance and school activity held outside the School two weeks prior to the event. I have the right to withdraw my child from any Trip/event/activities I do not wish them to attend.***Illness or Injury***I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies and that the school may forward my child's name and address to a potential intermediate or secondary school.***Privacy Statement:** *The information collected will be used by the school for enrolment and forms an essential part of the information held by the school about your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.**I authorise Maidstone Intermediate to obtain relevant details from my child's previous school to assist in forming classes, and to pass on relevant information to their secondary school.*

Parent/Caregiver signature:

Date:

MAIDSTONE INTERMEDIATE

CAREGIVER/STUDENT CYBERSAFETY AGREEMENT FORM

NOTE: This is a summary of the complete Maidstone Cybersafety Agreement Document. In the interest of clarity and brevity we have presented the information pertaining specifically to students.

Please complete, sign, and date this Student Use Agreement Form which confirms your agreement to follow the obligations and responsibilities outlined below. The key obligations and responsibilities:

- All ICT use must be appropriate to the school environment –
 - Network communication will be polite, kind and free from inappropriate language.
 - Devices will be used for educational purposes only, and as directed by the teacher.
 - The user must immediately exit any site containing inappropriate information/visual images such as pornographic, violent and/or hate material
 - Objectionable material will not be viewed, shown, copied, or sent to other users
- The principles of confidentiality, privacy and copyright apply –
 - Passwords will be kept confidential
 - Personal information/data will not be shared
- No device will be used during interval or lunchtime unless directed by a teacher, and supervised by a teacher
- Unless directed by the teacher, students will not, at any time at school, play games on any device.

I am aware a full copy of the Cybersafety document can be obtained from the school office or the school website www.maidstone.school.nz

I have read and am aware of the obligations and responsibilities outlined in the Cybersafety Use Agreement. I will keep a copy of the agreement. These obligations and responsibilities relate to cybersafety for my child, the school community and the school environment.

All internet activity will be monitored regularly. I understand that breaches of this Cybersafety Use Agreement will be investigated and could result in disciplinary action, and where required, referred to law enforcement.

Caregiver name: _____

Signature: _____ Date: _____

Student name: _____

Student Signature: _____

If you have any queries about the agreement, you are encouraged to discuss them with the teacher or the principal before you sign. Once signed, and collected by the teacher, this form will be kept on file in the school office.

CIVIL DEFENCE EMERGENCY CONTACTS

Please complete the form below to help us in the event of an emergency when you may not be able to be contacted and when your child may not be able to return home at the end of the school day.

Full name of student: _____ **Rm:** _____

Name of Parent/Caregiver	Usual Place of Work	Emergency Contact Phone No.
*		
*		

My child usually returns home using the following transport:

Walk Bike/Scooter Car School Bus Public Bus Train

Please list below other adults/afterschool care providers who have my permission to collect my child in the event of an emergency: *(Please share your contingency plan with these individuals)*

Names	Phone Numbers
1.	
2.	
3.	
4.	

Any other relevant information that would be useful to us in the event of an emergency.
(eg. Medication, anxiety, siblings at nearby schools)

Caregiver Name: _____

Signed: _____ Date: _____

* *In the event of an Emergency, communication will be by text message to the two main caregivers.*