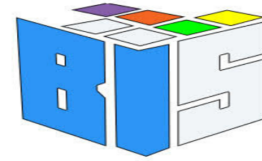


Bader Intermediate School

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Student Details:

Surname:	Male / Female (circle)
First Name/s:	Birth date:
Preferred Name:	Country of birth
Nationality:	Main language spoken at home:
If Maori, please state Iwi:	

Please complete if the student was NOT born in NZ

Date arrived in NZ	Expiry of permit
Immigration Status: (circle) Permanent NZ Resident Work Permit Student Permit Other	

ADDRESS DETAILS:

Home address:	Home Phone:
	Parents Email

FAMILY INFORMATION:

Mother/Guardian/Caregiver Mrs/Miss/Ms	Father/ Guardian/ Caregiver
Name	Name
Work Phone No	Work Phone No
Mobile Phone No	Mobile Phone No
Occupation:	Occupation:

Emergency Contact (not at same address)

Name:	Best contact number:
Address:	Relationship to student:

PREVIOUS SCHOOL INFORMATION:

Previous School:	Length of Attendance:
Date Started:	Date Left:

Other Family Members at SDBI:

Has your child ever been stood-down &/or excluded, or roll-removed from a previous school?
Yes / No (circle)

If yes; please state why?

Other information offered by parent/s: Including Custody / Access arrangements / Court orders

If the child you are enrolling is not your biological child – you must provide evidence you are the child’s legal guardian.

Documentation provided: _____

For Office Use Only:

Legal documentation photocopied: YES / NO
SLT Advised YES / NO

For Office Use Only
Year Level:
House Group:

HOBBIES / SPORTS / SPECIAL INTERESTS

Sports you like to play; _____

Have you ever played sports for any Rep Teams? YES / NO

If so, please state; _____

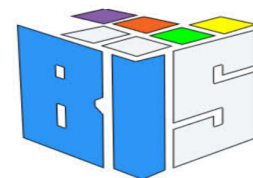
Can you play any musical instruments? YES / NO

Do you have a musical background? Eg: Sang in a choir etc _____

EXTRA LEARNING SUPPORT

Has your child had extra support eg: ESOL (English as a second oral language), SWSN (Students with Special Needs), SWSA (Students with special abilities), RTLB, Teacher Aide, or Speech Therapy – please list below;

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**HEALTH FORM MUST BE COMPLETED IN FULL;
 Before your child/children can start school here, you must provide a full immunisation certificate from your GP or your Community Healthcare clinic – your child will not be able to start without this.**

Students Name		Year Level	
Family Doctor:		Phone No:	
Dentist:		Phone No:	
Medical Conditions: My child has or has had the following disabilities, allergies or medical problems which may affect his/her performance or activities at school: Please note, we can no longer administer over the counter medications such as panadol/paracetamol to your child.			
Medical Condition	Yes	Medication Required	
Asthma			
Diabetes			
Epilepsy			
Rheumatic Fever			
Hepatitis A or B / HIV			
Glandular Fever			
Frequent Headaches			
Migraines			
Sinus			
Hay Fever			
Heart Conditions			
Tuberculosis			
Nose bleeds			
Recurring abdominal pain			
Back / Neck Problems			
Past illness or operations			
Other			
ALLERGIES			
Allergic reaction to			
Bee stings			
Medication			
Food			
Other			
MEDICATION			
Please send labelled medication to the school if it is required for regular use or for emergencies (ie: antihistamines for bee stings)			
Does your SON/DAUGHTER have on a regular basis:			
(a) Any medication not mentioned above?			
(b) A course of treatment / counselling?			
If yes, please detail;			
SENSORY LOSS YES / NO (please circle) If YES please specify below;			
Problem Area	Right	Left	Bilateral Amount (eg mild, 100%)
Visual			
Hearing			
Devices Used (eg: Glasses, Hearing Aid)			

Other Relevant Conditions (eg?: cardiac murmur – limited PE, Cystic Fibrosis, etc

If **NO** write N/A _____

If **YES** please detail _____

SPECIAL HOME CIRCUMSTANCES;

Are there any factors that may affect the student’s behaviour or emotional stability?

If **NO**, write N/A _____

If **YES**, please detail _____

ASTHMA SUFFERERS ONLY

Does the student have an “Asthma Action Plan”? YES / NO

If YES, please give a copy to the School Nurse.

If using preventers, the Asthmas Society recommends having an Action plan (which requires updating every 6 – 12 months). See your GP / Practice Nurse

In case of a serious accident or emergency, an ambulance will be called. A parent/guardian will also be called, so please ensure that the School has your most current contact details.

The School realises that family circumstances and a student’s health may change in the course of a year. It would be very much appreciated if the School is notified as soon as possible by either:

- **A phone call to the School Office on 09 275 4332**
- **A note sent into the School Office**
- **A note sent to your child’s teacher.**

Note: This information is for School purposes. The School reserves the right to pass on this information to other agencies if it sees fit to hold and store the information.

Student Name: _____

Year Level: _____ Room: _____

**ATTENDANCE / EOTC ACTIVITIES / CYBER SAFETY & INTERNET USE / PUBLICATION OF IMAGES
STUDENT RESPONSIBILITIES:**

I undertake that my child, _____ attends school regularly, wears correct school uniform, follows the school rules and regulations as set by the SDBI Board of Trustees. I also give permission for the information contained in this enrolment form and student's attainment records, to be made available to other educational and support agencies. Occasionally students are asked to attend school trips, sports exchanges and events outside of school. I give permission for my child to attend these activities throughout the year.

We understand that Sir Douglas Bader Intermediate will;

- Do its best to keep the school cybersafe, by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or the school ICT equipment / devices at school or at school related activities, and enforcing the cybersafety regulations and responsibilities detailed in use agreements
- Keep a copy of this signed use agreement on form on file
- Respond appropriately to any breaches of the use agreements
- Provide members of the school community with cybersafety education designed to complement and support the agreement initiative
- Welcome enquiries from students or parents about cybersafety issues.

We understand that Sir Douglas Bader Intermediate is in no way responsible for;

- Personal digital devices that are broken while at school or during school-related activities
- Personal digital devices that are lost or stolen at school or during school-related activities

Students Responsibilities include;

- I will read the Cybersafety Use agreement carefully
- I will follow the cybersafety rules and instructions whenever I use the school's computer network, internet access facilities, computers and other school ICT equipment/devices
- I will also follow the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- I will take proper care of school owned ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of the repairs or replacement
- I understand that I must surrender my own personal device to the office before school starts, and collect at the end of the day, otherwise, if it is confiscated, only my parent/caregiver can collect it from the office
- I will not distribute pictures or video of students or staff without their permission (distribution can be as small as emailing/texting to one other person or as large as posting images or video online)
- I have read and understand my responsibilities and agree to abide by this Cybersafety Use agreement. I know that if I breach this use agreement, there may be serious consequences.

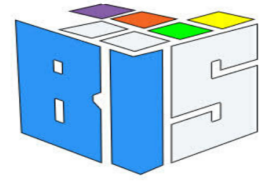
Signature of student: _____ Date: _____

Parent / Legal Guardian / Caregiver:

I have read the Cybersafety Use agreement form above and am aware of the school's initiative to maintain a cybersafe learning environment, including the responsibilities involved.

Signature: _____ Name: _____

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KA ORA, KA AKO – Healthy Schools Lunch Programme.

We are pleased to advise our school's participation in this programme, providing a healthy school lunch to your child every school day. You must complete this form in to advise us of any dietary requirements your child has, as well as any allergies. You must also provide the school with medication for your child should your child have an allergic reaction.

Students Name	Year Level
<p>My child has special dietary requirements:</p> <p>Circle the answer that applies: YES NO</p> <p>Circle the answer that applies:</p> <p>VEGAN VEGETARIAN GLUTEN FREE DAIRY FREE HALAL</p> <p>My child has food allergies: Circle the answer that applies: YES NO</p> <p>Please list your child's food allergies:</p> <hr/> <hr/> <hr/> <hr/>	
<p>Medication taken for your child's food allergies:</p> <hr/> <hr/>	
<p>Please ensure the school is aware of your child's allergies, and you have given this medicine to the school office for your child in case of emergency.</p>	