

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 organisation: **YES/NO**

If so, what type of device: _____

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**

Parental / Caregiver Consent for EOTC

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: / /