



# In Zone Enrolment Application Form 2011

<i>Office Use Only</i>	
Year Level	_____
Room	_____
Enrolment No:	_____
Date Started	_____

**All applications must be received by 4pm, 23rd September 2010**

## Student Details

Full Name: \_\_\_\_\_  
(Family Name) (First Name) (Middle Names)

Preferred Name: \_\_\_\_\_

Gender: Male/Female Date of Birth     /     /      
(D M Y)

**(A copy of the child's Birth Certificate OR Passport MUST be supplied)**

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**(Please enclose proof of address. eg. Use either power or telephone account)**

School coming from: \_\_\_\_\_

Siblings currently at GEIS Name: \_\_\_\_\_ Years: \_\_\_\_\_

Siblings previously at GEIS Name: \_\_\_\_\_ Years: \_\_\_\_\_

## Ethnic Background

Nationality: \_\_\_\_\_ Home Language: \_\_\_\_\_

Entered New Zealand on:     /     /     (If not New Zealand Citizen)

*Copy of Passport or relevant Visas must be supplied*

Ethnic Group(s) (Tick which applies)

- |  |   |                                 |                                    |
|--|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> NZ Maori        | <input type="checkbox"/> Cook Is. Maori | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese   |
| <input type="checkbox"/> European/Pakeha | <input type="checkbox"/> Tongan         | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Niuean          | <input type="checkbox"/> Fijian         | <input type="checkbox"/> Other  |                                    |

Other (please specify) \_\_\_\_\_

## Adults with whom student lives: (Please circle)

**A. Mother**      **Female Guardian**      **Carer**  
(circle)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Father**      **Male Guardian**      **Carer**  
(circle)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
(to child)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Parent living at different address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### **Use of Student Photographs and Samples of Work**

Occasionally student work or photographs are used in publicity material (eg prospectus or website) or in displays. Please sign to show you are willing for your child's photograph and/or work to be used in this way.

Signed: \_\_\_\_\_  
(Parent / Caregiver)

### **Privacy Act 1993**

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your child. We may pass this information onto other professionals but only for the same purposes. Under the Privacy Act 1993 you have the right of access to any personal information we hold about you or your child. Should we wish to release details held for other than the purposes stated, we will consult you under the provisions of the act.

Signed: \_\_\_\_\_  
(Parent / Caregiver)

### **Declaration**

I/We acknowledge that the above information is true and correct. I/We further accept that in signing this form we abide by the policies, rules and regulations of the school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Caregiver)

### **In Zone Enrolment Check - List**

Please ensure you have completed and returned the following:

- In Zone Enrolment Form
- Proof of Address (e.g. power or telephone account)
- Photocopy of Birth Certificate OR Passport with Visas if not born in NZ
- Photocopy of Year 6 Mid Year Report from Primary School
- Student Medical Form
- Iwi Affiliation Form (Maori Students only)