ROSEHILL INTERMEDIATE SCHOOL
ENROLMENTS 2027

Follow these easy steps to complete your enrolment:
Collect an enrolment pack from the school office

- Fill in all the information requested to enable the application to be processed.
- Please complete all details, incomplete forms may delay processing and acceptance of the application.

The following documents **must** be attached for all applications.
We will not be able to process your application without these.

- ☐ **Completed Enrolment form**
- ☐ Student profile - please complete with your child
- ☐ Health Profile
- ☐ Students Birth Certificate or Passport.
  If this is not a New Zealand Birth Certificate or Passport, please supply either a confirmation of New Zealand citizenship, or a passport with valid student/resident visa.
- ☐ Any legal documentation regarding guardianship or custody rights.
- ☐ Electricity or water account
- ☐ Tenancy agreement or rates bill.
- ☐ Students' latest school report - (preferable)
- ☐ Mana Kidz Family/Whanau Information Consent Form

If you are applying by the cut off dates for by **25th September 2026**
a) Year 7 Enrichment Class Application and/or Year 7 Sports Class Application
b) Year 8 Enrichment Class Application and/or Year 8 Sports Class Application

- close **2nd September 2026**

Out of Zone Enrolments

Applications for out of zone enrolment will now be processed in the following order of priority:

- First Priority must be given to students who have been accepted for enrolment in the following special programme(s) run by the school and approved by the Secretary for Education. (Not applicable to Rosehill Intermediate School)
- Second Priority must be given to applicants who are siblings of current students.
- Third Priority must be given to applicants who are siblings of former students.
- Fourth Priority must be given to any applicant who is a child of a former student of the school.
- Fifth Priority must be given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school.
- Sixth priority must be given to all other applicants.

Rosehill Intermediate School Enrolment Application

Students must be at least 10 years old starting Year 7 and not turn 14 while in Year 8.

Student Year : Year 7 ☐ **Year 8** ☐ **(please tick)** **Date of Birth / /**

IN ZONE Please tick ☐	**OUT OF ZONE - applications close** *(please tick which priority you are applying under)* ☐ **SC** siblings of students currently enrolled at RIS ☐ **SP** sibling of former student of RIS (Birth certificate of former student) ☐ **CP** child of former student of RIS (Proof required eg report, photo) ☐ **BE** child of an employee of the RIS Board of Trustees ☐ **OZ** All other applicants

Enrolment Requirements : Please provide the following: Copy of NZ Birth Certificate or NZ Passport, Visa Status, Proof of Residential Address (e.g. Utility bills, Rates, Bank statement)

Student Information		**Gender Male** ☐ **Female** ☐	
Legal Family Name		Preferred Surname	
Legal Names		Preferred 1st Name	
Address			Postcode
Present School		Year Level current school	
Ethnicity 1		Ethnicity 2	
If Maori please stated Iwi		Country of Birth	
If not NZ born, date of arrival in NZ		NZ Resident	
Date started Primary School		Current siblings At RIS (Name and Room)	Yes ☐ No ☐

Medical Details	
Doctor	Phone
Do we have permission to administer Panadol tablets? Yes ☐ No ☐	Number of Tablets 1 ☐ 2 ☐
If your child normally takes Antihistamine, do we have permission to administer Antihistamine if required? These need to be supplied by you.	Number of Tablets 1 ☐ 2 ☐
Does your child have any medical issues, treatments or therapies we need to know about?eg Asthma, Eczema, ADHD, Autism, Dyslexia, Counselling, Psychologist.	Yes ☐ No ☐
If yes please specify: Severe/Moderate/Mild	

Immunisation Information provided : Immunisation Certificate Yes ☐ No ☐

Learning and Behavioural needs: are there any issues or concerns you would like to school to be aware of when caring for your child? e.g. language/learning/behavioural difficulties or anxiety. Are there any comments you wish to make that will assist the school to ensure a smooth transition to RIS. Please attach any supporting documents if avaliable.

SENCO ☐ RTLB ☐ OT ☐ ACES ☐ Other ☐

Has this student ever been previously stood down or excluded from school?

Yes ☐ No ☐

Parent/Caregiver Details

Parent/Caregiver 1 Details Full name **:**	Phone:
Relationship to child:	Work Phone:
Address:	Email:
Post Code:	Occupation:
Parent/Caregiver 2 Details Full name **:**	Phone:
Relationship to child:	Work Phone:
Address:	Email:
Post Code:	Occupation:

Child lives with: Both Parents: ☐ Parent: ☐ Shared Custody ☐ Caregiver ☐ Legal guardian ☐

Is there any further information or document you would like to share with us? eg custody issues, restricted access (*attach court order)* trauma, mental health, bereavement Yes ☐ No ☐

Emergency Contact Details

Emergency Contact 1 Details *(this cannot be the students parents/caregivers listed above)* Full name **:**	Phone:
Relationship to child:	Mobile:
Address:	Post Code:
Emergency Contact 2 Details *(this cannot be the students parents/caregivers listed above)* Full name **:**	Phone:
Relationship to child:	Work Phone:
Address:	Post Code:

Parent Declaration and Consent

I give permission for my child's first name, image or work to be published in the newsletter, on the school website, or wider online school community. Yes ☐ No ☐

I declare that:

- I have completed all relevant sections of this form and confirm that the information provided is true and correct.
- I will support my child's regular and on-time attendance.
- I will support my child to abide by the school rules, including the correct wearing of the Rosehill Intermediate School uniform.

I understand that:

- The information on this form will be used by the school for educational purposes, including but not limited to: student enrolment, learning and wellbeing support, communication with whānau, and school administration.
- I am giving my permission for the school to include my child in routine health checks, hearing and vision when necessary.
- I am giving my permission to enable the dental authority to access my child's details.
- My contact details (names, addresses and phone numbers) may be released to the BOT.

I give permission for:

- My child's records to be obtained from their previous school, and my child's name and address are to be forwarded to potential secondary schools.
- My child's records to be sent on to their next school upon their leaving Rosehill Intermediate.

I understand that the school will handle all personal information in accordance with the Privacy Act 2020.

I understand that I have the right to request access to and correction of personal information held about my child by contacting the school office.

Parent/Caregiver Undertaking

- I will support the school to ensure that my child will
- Be punctual
- Wear correct uniform (clearly named)
- Obey school values and expectations
- Where my child damages school property restitution will be made
- I will advise the school office of any change of address or contact telephone numbers
- I will advise the school office in the event of any custody changes that may affect access to my child.
- I will adhere to the school values when I interact/communicate with other members of the Rosehill Intermediate School community

Signature of Parent/Caregiver **Date:**

Student Documentation - Student Name: Room:

Please ✓ to indicate that you have read each statement and give your informed consent

Day Trips/Events Blanket Consent

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Is your child able to swim 50 metres? Yes. ☐ No. ☐ Don't Know ☐	Is your child able to survival float? Yes. ☐ No. ☐ Don't Know ☐
Is your child water confident in a pool? Yes ☐ No ☐ Don't know ☐	Is your child safety conscious in and around water? Yes. ☐ No ☐ Don't know ☐
Is your child confident in deep water? Yes ☐ No ☐ Don't know ☐	Is your child able to tread water? Yes. ☐ No. ☐ Don't Know ☐
Is your child confident in the sea or in open inland water? Yes ☐ No ☐ Don't know ☐	

Parents

	Yes, I have read and understood the medical consent statement in the Education Outside The Classroom (EOTC) form.
	Yes, I have read and consent to all the parental consent section for school day EOTC trips only.

Student

	Yes, I have read and accept the EOTC student contract for school day EOTC trips only.

Student User Agreement

To ensure immediate access to learning resources and assessment tools, your child will be issued a school Chromebook within the first week of the school year, even if the Student User Agreement has not yet been signed and return.

Parent Declaration

	Yes, I know that if my child makes choices or behaves in ways that do not align with this Student User Agreement, there may be consequences or outcomes that the school will talk about with me.

Student contract

	Yes, I understand and agree to use digital technology and the internet at school safely and for learning only.
	Yes, I understand I am responsible for the use of the Chromebook assigned to me and my school google account. This means I will not let another student use my Chromebook or access my google account.

Print Parent/Caregiver name:

Parent/Caregiver signature: **Date: / /**

Student signature/initial: **Date: / /**

Enrolment Information

Please keep for your records

Trips / Events Blanket Consent Day trips only

This Education Outside The Classroom (EOTC) form is to cover events which occur during a school day and conclude prior to approximately 6.00pm. Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.
It is important that this form is completed for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up-to-date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.
Please note that it is very important that student details such as health information and emergency contacts are kept up to date with the Rosehill Intermediate school office during the year.

Please ensure that all sections are read and signed.

Privacy Statement: Please note the personal information being collected on this form is for the purpose of running EOTC events. It will not be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Medical Consent

In an emergency school may act on my behalf.
• School may administer pain relief.
• I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.
• I will inform Rosehill Intermediate school as soon as possible of any changes in the medical or other circumstances.
• Any medical costs not covered by ACC, or a community service card will be paid by me.
• If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense. I have read and consent to the above medical points for school day trips only.

Student Contract

To be read and signed by all participating students.
I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
• I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
I agree to do the following to make this happen:
• Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
I understand that my parent/caregivers will be contacted, and I may be sent home at their expense if:
• My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.
I have read and accept the above contract for school day trips only.

Parental Consent

• I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
• I understand that there are risks associated with involvement in Rosehill Intermediate school's EOTC events and that these risks cannot be completely eliminated.
• I understand Rosehill Intermediate school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
• I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
• I acknowledge that to gain a better understanding of the risks involved I can ask any questions of Rosehill Intermediate school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
• I understand that Rosehill Intermediate school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.
I have read and consent to all the above for school day trips only.

STUDENT USER AGREEMENT

Digital technologies are tools that can help us learn at school in all sorts of ways. Some of these ways include looking at interesting things online, talking to people, creating music and media, gathering new ideas, and learning how to use tools. When we use digital technologies and online spaces, it's important that we learn ways to keep ourselves safe and that we make positive choices in the ways we behave online. At RIS, we call this being a 'digital citizen,' and good digital citizens help to make our school a safe and positive place for everyone.
This agreement shares what RIS does to help make learning online safe and what we need to do. We know it is not always easy to understand everything about online spaces. It can be complicated at times, and some things can go wrong. This is why it's important that we commit to making it as safe as possible to use digital tools and online spaces for learning.

ROSEHILL INTERMEDIATE ROLE

This section outlines the school's approach to digital technology and online safety. RIS supports you by helping you learn in the best ways we can and keeping you safe at school whether you are online or offline.

- Making everybody aware of their responsibilities
- Planning times in the terms to learn about positive online behaviours and ways to keep safe
- Overseeing students' use of the school's digital devices and online spaces
- Offering access to the internet and online platforms
- Using filtering software to protect everybody
- Helping students who need support to deal with online problems even if these happen outside of school hours
- Keeping safe the personal information the school collects about you
- Protecting your rights to a safe and positive online environment
- Providing opportunities to use digital technologies in the learning at school
- Having a plan to help you when something serious or illegal happens that involves digital technology or online spaces. This might include getting in touch with the Police or Netsafe.

YOUR RESPONSIBILITIES

This section outlines what your school considers appropriate behaviour for digital technology use in school and as a member of the school community. As a student of RIS and part of our community, we ask you to help make our school a place that is safe, friendly, and fair. This means taking our school values and acting on them whether you're online or offline and helping to make our school a positive place to learn, connect, and play. This is being a 'digital citizen.'

As a digital citizen you will:

- Keep it kind. Think about others online and talk or share in respectful ways.
- Keep it to yourself. Keep passwords and information about yourself and other people private and offline as it can be easily shared, viewed, screenshot, or changed by others to mean different things. Nothing is private online.
- Keep it careful. Because things you do or say online can be seen by others, be careful to share the things you can feel proud of or would be happy sharing with someone face to face.
- Keep it positive. Always respect others online and communicate in a positive, respectful way.
- Post with caution. Anything you post or do online can influence what people think of you. Put your best foot forward online.
- Don't believe everything you see. Always think carefully about the information you see online – not everything is true. If you are unsure of something, talk to a teacher.
- Avoid online bullying. Creating or forwarding content that is harmful or hurtful towards someone else is not okay at any time. Sending multiple messages to somebody who doesn't want them is also considered online bullying and is never okay.
- Be security smart. Keep personal information secure by using strong passwords and not sharing them with other students. Always log out of a site or device. Get permission before downloading software to the school network or connecting new devices.
- Respect others' rights. Always ask first if you need to use someone else's device, online sites, and their image, ideas, creations, or work that's stored online.
- Recognise others' work. When we use or take others' work or ideas from the internet, we need to make sure we copy or use these in ways that are okay because there are rules about this. Your teacher will help you to use things you find online in the right ways.
- Seek help. Sometimes you or someone you know will feel unsafe or come across bad or hurtful content online. If this happens, talk to a trusted adult about what can be done.

CHROMEBOOK RESPONSIBILITIES

When a student is allocated a Chromebook for use during school hours. It is important to take care of this device to ensure it remains functional for learning purposes.

- Handle with Care: Always handle the Chromebook with care. Avoid dropping it or placing heavy objects on it.
- Keep it Clean: Keep the Chromebook clean and free from food or drink spills. Use a soft, dry cloth to clean the screen.
- Charge Regularly: Ensure the Chromebook is charged every evening, so it is ready for use the next school day.
- Report Issues: Immediately report any damage or technical issues to your teacher or the IT department.
- Educational Use: The Chromebook is for educational purposes only.
- Security: the machine is for your own use; it is your responsibility if another student uses and damages it.
- Return: At the end of each day, return the Chromebook in good condition.

PHONE USAGE

Students are permitted to bring mobile phones to school, but they must follow these guidelines to ensure they do not disrupt learning:

- Turn Off: Phones must be turned off during school hours.
- Valuables Box: Phones must be placed in the office 'phone' box at the beginning of each day and can be retrieved at the end of the school day.
- Emergency Use: If you need to use a phone for an emergency go to the office.

ONLINE INCIDENTS

This section outlines how you can seek support and assistance if you encounter any online concerns. Despite the good things technology offers and people's best intentions, sometimes things will go wrong. Sometimes these things are on purpose and sometimes they are accidents. RIS will support you if something goes wrong online.

- Online Bullying: Online bullying is not accepted at our school. If you or somebody else is being bullied or criticized online, report it. Keep the content so we can investigate it. Stop any further contact with the person who is bullying. You can report it to your teacher or Deputy Principal for help. It's important to think about sharing what's happened with a trusted adult like a parent, a member of your whānau, or someone else who looks after you.
- Report a Problem: We need your help to keep our school safe. If you see something on the school systems that you don't think should be there, we need you to report it as soon as you can to your teacher or Deputy Principal. This is really helpful and important so that the school can find out what the problem is and fix it as soon as possible and help those who might need it.
- Online Safety Support: Netsafe is our New Zealand online safety organization that is able to help when things go wrong online, when we have problems with content or negative things that others are doing online. They provide free private advice for you and your family seven days a week for all online safety challenges. They can be contacted on 0508 638723 or online at netsafe.org.nz.

USE OF SCHOOL GOOGLE ACCOUNT

Students at RIS are provided with a school Google account to facilitate their learning both at home and at school. It is important to use this account responsibly and in accordance with school policies.

At School:

- Educational Use: The school Google account should be used for educational purposes. This includes accessing Google Classroom, completing assignments, collaborating with classmates on projects, and communicating with teachers.
- Appropriate Content: Only appropriate educational content should be created, shared, and stored within your school Google account. Any content that is offensive, inappropriate, or not related to schoolwork is strictly prohibited.
- Security: Keep your login details confidential. Do not share your password with anyone. Ensure you log out of your account after using shared devices to protect your personal information.
- Monitoring: Be aware that your school Google account usage is monitored by the school.

At Home:

- Homework and Projects: Use your school Google account to complete and submit homework, projects, and other school-related tasks. This helps keep all your schoolwork organised in one place.
- Communication: Use your school Google account to communicate with teachers and classmates regarding schoolwork. Always maintain respectful and professional communication.
- Family Involvement: Inform your family about your school Google account and encourage them to support you in using it responsibly for school-related activities.
- Safety: Continue to follow all online safety guidelines when using your school Google account at home. This includes avoiding sharing personal information online and reporting any suspicious activity to a trusted adult.

General Responsibilities:

- Stay Organised: Keep your Google Drive organized by regularly cleaning out old files and maintaining folders for different subjects and projects.
- Respect Others: When collaborating on shared documents, respect others' contributions and avoid making changes without permission.
- Seek Help: If you encounter any issues with your school Google account, such as technical difficulties or security concerns, report them to your teacher or the IT department immediately.
- Adherence to School Policies: All activities conducted using the school Google account must adhere to RIS's digital technology policies and the guidelines outlined in this user agreement.

STUDENT STATEMENT

- I know about the ways I should use digital devices and online spaces at school for learning. I know that I should be kind, careful, and responsible when I use devices and when I go online.
- I know that if I behave in ways that are not safe online or kind or responsible that this is not okay at RIS. There may be some actions that my school might have to take, such as not being able to use the school device.
- I understand and agree to use digital technology and the internet at school safely and for learning.

PARENT/ WHĀNAU/ GUARDIAN DECLARATION

- I know that if my child makes choices or behaves in ways that don't align with this Student User Agreement, there may be consequences or outcomes that the school will talk about with me.

ROSEHILL INTERMEDIATE SCHOOL
HEALTH FORM

Please answer thefollowingquestionsaboutthestudentyouareenrollingso that we can take care of them if they get sick or hurt at school.

Name of Student **Date of Birth**

Medical Conditions

Has the student had any of the following?

Asthma **Do they have an inhaler?** **Do they have an "Asthma Action Plan"?**	**Yes** **No** **Yes** **No**	**If yes, name the medicine they take.** **Please leave an inhaler and Action Plan in the sickbay**
Diabetes **Do they take medicines or injections?**	**Yes** **No**	**If yes , what is the name of the medicine they take.** **Please note that we can not give injections.**
Epilepsy **Do they take any medications?**	**Yes** **No**	**If yes, name the medicine they take.**
Rheumatic Fever **Do they take medicines or injections?**	**Yes** **No**	**If yes, name the medicine they take.**
Allergies **Allergic reaction to:**	**Yes** **No**	**What happens to them?**
Do they require an Epipen?	**Yes** **No** **No**	**If yes, please supply the school with the appropriate medication that is required.**

Medicine

Please send any medicines that the student may need at school regularly to the sickbay where it can be kept in a locked cupboard. The medicine needs to be in the original container from the chemist or doctor, with their name on it, how much and when they need to take it. This includes antihistamines.

Medicine Name
Required for

Immunisation Record - please see your doctor or plunket book - Diptheria, Hepatitius B, HIB, Measles, Mumps,Pertussis, Polio, Rubella, Tetanus, Meningoccal B

Does the student have difficulty hearing or wearing hearing aids? **Yes** **No**
Does the student have difficulty seeing or wears glasses or contacts? **Yes** **No**

ROSEHILL INTERMEDIATE SCHOOL
STUDENT PROFILE

Tell us as much as you can about yourself

Name of Student

Present school attended

Do you have a shortening of your name?

How do you feel about coming to Rosehill Intermediate School?

What are you looking forward to being involved in while you are here?

What do you think are your strengths? (things you are good at)?

Are there any areas that you would like extra help in?

Who is your role model and why?

What do you think is the most important 'value' for a child to have?

If you could be anyone in the world who would it be and why

ROSEHILL INTERMEDIATE SCHOOL
STUDENT PROFILE

Circle the following words that you think describes you the best

Independent worker	I work well with others	I'm helpful
Reliable	I co-operate with others	I'm immature
I avoid work	Confident	Friendly
My work is neat	Good sense of humour	Mature
I don't work well in groups	I disrupt others	Shy

Would you like to add any more words about yourself?

What do you think is the most important thing in a friendship?

Do you accept others for who they are? Tell us how you do this.

If you had to rate your 'liking' of school where 0 is you don't like it to 10 where it is absolutely awesome - what would your rating be?

National Hauora Coalition

ManaKidz

Mana Kidz

Family/Whānau Information Consent Form

What health services does Mana Kidz provide?

Your child can be seen for a range of child health conditions such as:

- Sore throat checks
- Skins checks
- Head lice
- Dental health
- Eye health and vision
- Ear health and hearing
- Emotional well-being
- Healthy weight management
- Breathing health (respiratory) e.g. asthma
- Immunisation checks
- Allergies
- Day/Night time wetting
- Health information

Who provides this service to my child?

The Mana Kidz health team is made up of a registered nurse and whānau support worker. Mana Kidz services are at your child's school Monday to Friday.

How can my child be seen by the Mana Kidz team?

- Your child can go to the school health clinic
- Parents/guardians can ask for the nurse to see their child or visit the nurse directly
- The Mana Kidz health team do regular classroom visits
- School staff can ask the nurse to see your child

Contacting whānau

The Mana Kidz health team will always contact you if your child requires any medicine or treatment. All medicine and treatment provided through Mana Kidz is **FREE**.

What do I need to do?

Please **fill in, sign and return the attached consent form to your child's school**. The form tells us whether you do or do not want your child to be enrolled in the Mana Kidz health service.

Please read the information carefully. Feel free to talk with your child and whānau about the Mana Kidz services.

Your child can only be seen if ***you*** have agreed, and you have ***signed*** and ***returned*** the consent form

Where can I get more information?

If you would like more information about the health services we provide, please contact the Mana Kidz health team through the school office. If you would like this information in another language, please contact the Mana Kidz team:
Email: manakidz@nhc.maori.nz OR visit the school health clinic.

Privacy

Your child's privacy will always be protected. Information about any health checks and/or treatment your child receives will be recorded on a health database. Your family doctor will be advised of all health checks requiring treatment.
Data collected from the service will be used for evaluation/research, service management quality improvement, and development purposes. All names and details will be removed when your child's information is being used for this reason.

Your rights

The Health and Disability Commissioner's Code of Rights applies to the Mana Kidz health service. For more information about your rights visit www.hdc.org.nz or call 0800 555 050.

If you decide you no longer want your child to receive this service, please contact the Mana Kidz health team at any time.

School nurse contact details

National Hauora Coalition

ManaKidz

Mana Kidz Consent Form

This consent form tells us whether you want or do not want your child to have health checks at school.
Important information:

- Section A (Blue): Parents/Guardians, please fill out all child details
- Section B (Green): Parents/Guardians, please fill out if you **AGREE** for your child to have health checks
- Section C (Red): Parents/Guardians, please fill out if you **DO NOT AGREE** for you child to have health checks

[A] Section A: CHILD'S DETAILS – All parents/guardians must fill out this section			
SCHOOL NAME			ROOM NAME OR NUMBER
SURNAME			
FIRST NAME		MIDDLE NAME(S)	
☐ Male ☐ Female GENDER		DD/MM/YYYY DATE OF BIRTH	CHILDS NHI NUMBER* (if known)
Which ethnic group does your child most closely identify with? (You may tick more than one)		HOME ADDRESS	
	NZ European	PHONE (Day)	PHONE (Evening) / MOBILE
	Māori		
	Samoan	EMAIL (provide only if you are happy for us to contact you via email)	
	Cook Island Maori		
	Tongan	FAMILY DOCTORS NAME	
	Niuean		
	Chinese	MEDICAL CENTRE NAME	
	Indian		
	OTHER (Such as Dutch, Japanese, Tokelauan). Please state below	MEDICAL CENTRE ADDRESS/PHONE	
		*An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand	

[B] Section B: YES (agree) – I DO want my child to have the checks at school			
☐ **Yes,** I agree to my child having health checks at school			
I am (please tick one)	☐ Mother	☐ Father	☐ Guardian
Your full name	Your signature	DD/MM/YYYY Date	

[C] Section C: NO (do not agree) – I DO NOT want my child to have the checks at school			
☐ **No,** I do not want my child having health checks at school			
I am (please tick one)	☐ Mother	☐ Father	☐ Guardian
Your full name	Your signature	DD/MM/YYYY Date	