

# EVANS BAY INTERMEDIATE

## Enrolment Form

**In order for this enrolment to proceed ALL areas on pages 1& 2 must be completed.  
Could you please print clearly. Thank you**

Surname : \_\_\_\_\_ First names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2010 Year 7 / 8 (please circle)

Birth Certificate No.: \_\_\_\_\_ (Attach copy) **OR** Passport No.: \_\_\_\_\_ (Attach copy)

Home Address : \_\_\_\_\_ Male / Female (please circle)  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Siblings attending/or attended EBIS: \_\_\_\_\_ Student Cellphone (if applicable): \_\_\_\_\_

Last School attended: \_\_\_\_\_

Students your child would like to be with: \_\_\_\_\_

**Ethnic Background:** Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Iwi Affiliation: \_\_\_\_\_

Nationality of student: \_\_\_\_\_ Country of Birth : \_\_\_\_\_ Home Language: \_\_\_\_\_

Date entered NZ (if applicable): \_\_\_\_\_ Refugee Status: Yes / No NZ Residency: Yes / No

### Parent / Caregiver (first contact)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Home phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Cellphone: \_\_\_\_\_

	YES	NO
Parental responsibility		
Student residing with parent		
Responsible for paying fees		
Parent to receive mail		

### Parent / Caregiver (second contact)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Home phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Cellphone: \_\_\_\_\_

	YES	NO
Parental responsibility		
Student residing with parent		
Responsible for paying fees		
Parent to receive mail		

**Access Restrictions :**

YES	NO

If ticked YES, please attach the copy of court order documents.

**Care arrangements :**

YES	NO

If ticked YES, please attach details.

**For Emergency Use**

Emergency contact 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm/Wk Phone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_

Emergency contact 2 :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm/Wk Phone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_

In the event of civil emergency an out of town contact:

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

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

Hm/Wk Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

**Health / Medical factors :**

	YES	NO	MEDICAL DESCRIPTION
Allergies			
Hearing/ Sight Difficulties			
Medication administered at school (contact school office to arrange)			

	YES	NO
Permission to administer First Aid		
Permission to be given Panadol		
Permission to call/attend Doctor		
Permission to call/ attend Dentist		

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Surgery: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Surgery: \_\_\_\_\_

**Receiving Information:**

EBIS Website: [www.ebis.school.nz](http://www.ebis.school.nz) Current school information can be found on the school website.

So that we receive bulletins and other school information by email, could you please include our email below.

YES	NO

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

**Parent/Guardian to sign**

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

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

**For NESB (Non English Speaking Background) students ONLY.**

Attended school previously : Yes / No

Ability in 1 <sup>st</sup> language	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Can read in 1 <sup>st</sup> language	<input type="checkbox"/> Fluently	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Can write in 1 <sup>st</sup> language	<input type="checkbox"/> Fluently	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Can speak English	<input type="checkbox"/> Fluently	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Can read English	<input type="checkbox"/> Fluently	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Can write English	<input type="checkbox"/> Fluently	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all

Closest contact person who can speak and read English :

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

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

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

Relationship: \_\_\_\_\_

\_\_\_\_\_