Rangeview Intermediate School

STUDENT DETAILS			
Surname:		Given Names:	
Preferred Name:		Year Starting:	
Date of Birth:		Gender:	Male / Female *Other (Please specify)*
Address:		Please Highlight	IN ZONE / OUT OF ZONE *Proof of address required*
Country of Birth:		Visa:	
Country of Citizenship:		Language spoken at home:	
Previous school:		*Current family members at Rangeview:*	YES / NO

Ethnic Origin (Please select up to three)									
	New Zealand European		Chinese		Indian		Cook Island Maori		Samoan
	Māori		Korean		Filipino		Tongan		Fijian Indian
Iwi			Fijian		Other				

PARENT/ CAREGIVERS DETAILS			
	Caregiver 1		Caregiver 2
Name Mr/Mrs/Miss/Ms		Name Mr/Mrs/Miss/Ms	
Relationship		Relationship	
Email		Email	
Address		Address	
Occupation		Occupation	
Phone		Phone	

EMERGENCY CONTACT (Must be someone other than listed above)			
	Emergency Contact 1		Emergency Contact 2
Name		Name	
Relationship		Relationship	
Phone		Phone	

MEDICAL	
Doctor / Medical center:	
Address:	
Phone Number:	

Please tick if your child has any of the following conditions:

	Asthma		Anxiety		Motion Sickness		Sleepwalking
	Dizzy Spells		Nose Bleeds		Rheumatic Fever		Fits of any type
	Migraines		Heart condition		ADHD/ ADD		Colour blindness
	Diabetes - Type 1 / 2		Eczema				

Please tick if your child is allergic to any of the following:

	Bee Stings		Insect Bites		Peanuts		Dairy
	Food		Hay Fever		Prescription Medication		Other (please specify)

Does your child take medication for any of the conditions listed above?

YES / NO

Does your children need to take this medication at school?

Name of medication:

When does it need to be taken, and how often?

Other treatment your child needs:

Do you give permission for the school to give your child *PANADOL* if needed for a headache, fever, general aches and pains?

YES / NO

If yes, ONE or TWO

Has your child had any major injuries or illness in the last six months that could limit their participation in fitness / sports?

YES / NO

If yes, Please give details:

Is there any other information we should know to ensure your child's physical or emotional safety?

YES / NO

Please give details:

Has your child been in contact with any contagious or infectious diseases in the last six months?

YES / NO

If yes, please give details:

Immunised: YES / NO

PRIVACY ACT 1993 / DECLARATION

In connection with the enrolment of our son / daughter as named:

- We agree my child will be subject to the rules and policies of the school;
- We undertake to ensure my child will attend school regularly and punctually, and only be absent in cases of illness or emergency;
- We will ensure my child wears the school uniform as prescribed;
- We agree to pay for any sports and specialist subject fees incurred;
- We undertake to inform the school of any change of address, telephone number, email address/es or family circumstances; We authorise the school to make any such inquiries as necessary to assist this enrolment;
- We confirm all details provided in this enrolment are true and correct;
- My child is a New Zealand citizen; or my child has a residency permit / student visa – Passport No. – copy provided
- I give permission for the senior leadership of Rangeview Intermediate School to gain information about my child's school progress from my child's present school in order to assist in class placement and programmes offered at this school.
- I give permission for forwarding information to my child's future school as well as to area secondary schools for enrolment purposes.
- I give consent for the school to seek medical help, if required, for my child, if I (or alternative emergency contact) is unavailable and that I will reimburse the school for any costs incurred.
- Rangeview Intermediate School undertakes to collect, use and store the information provided in this form according to the principles of the Privacy Act 1993. I agree that the information can be used.

Parent Signature: Date:

EOTC PERMISSION

I give permission for my child to attend day trips outside the school property for educational purposes. I understand that any private car used will be registered and warranted and the driver will be licensed. This permission slip covers transport i.e. walking, private transport (where a seat belt is compulsory). The school will comply with the relevant sections of the Ministry of Education Outside the Classroom (EOTC) guidelines for good practice i.e. parent/teacher/child ratio.

Parents Signature:

MEDIA CONSENT

I grant permission for my child to be used for promotional activities such as the school website, newsletter, prospectus, school magazine or local papers in the form of photographs or videos taken during the course of school activities e.g. sport, arts. Productions etc. Teachers may sometimes video themselves with students for professional learning activities.

Parents Signature:

DOCUMENTATION

Birth Certificate or Passport	
Visa (If Applicable)	
Proof of Address (INZONE)	
Immunisation	

RANGEVIEW INTERMEDIATE SCHOOL
CYBERSAFETY USER AGREEMENT

At Rangeview Intermediate internet access is available to the students through the computer rooms, the library, school laptops, iPads and iPods and students can be granted access to our wireless network on their own devices. Use of the internet by the students and staff is intended to facilitate learning and teaching by providing access to resources and people throughout the world. Student searches can be tracked and inappropriate sites minimised by security and filters provided by N4L (Network for Learning).

To the parent/caregiver/legal guardian, please:

- Read this page carefully to check you understand your responsibilities under this agreement.
- Sign the appropriate section on this form.
- Keep the copy of this document that has been provided for future reference.

I understand that Rangeview Intermediate School will:

- Do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the Internet or school ICT equipment/devices at school, or at school related activities.
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety through education designed to complement and support the user agreement initiative. This includes providing children with strategies to keep themselves safe in cyberspace.
- Keep a copy of this signed user agreement on file.
- Respond to any breaches in an appropriate manner.
- Welcome enquiries from parents or students about cybersafety issues.

My responsibilities include:

- I will read this cybersafety user agreement document.
- I will discuss the information with my child and explain why it is important.
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to always ask the teacher if they are unsure about any use of ICT.
- I will contact the principal or school cybersafety manager to discuss any questions I might have about cybersafety and/or this user agreement and I am welcome to do this at any time.

Additional information can be found on the NetSafe website www.netsafe.org.nz/ua

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

Student Name:	Parent / Legal guardian name:
Student Signature:	Parent / Legal guardian name Signature
	Date

OFFICE USE ONLY

Date Received:	Entered into KAMAR:	Pandol checked: Yes / No
Confirmation of enrolment sent:	INZONE Address verified:	Birth certificate / passport / visa attached:
Class placement : Year 7: ____ Year 8: ____		