

Year 7 Year 8

Zone Status

IZ IZS OZS OZ OZ

Takapuna Normal Intermediate School



STUDENT DETAILS

Full Name _____

Family Name First Names Middle Names

Gender : M/F Date of Birth ___/___/___

Preferred Name DD MM YY

Address : _____

Suburb : _____ Home Phone : _____

Email address for eNews, Notices etc.:

Previous N.Z. School _____

Place in family : ___ out of ___

Past siblings attended T.N.I.S. (brothers/sisters names/years)

FAMILY DETAILS

Father/Caregiver _____ Ethnicity _____

Work Phone _____ Mobile _____

Email _____

Occupation _____ Company Name _____

Home Address _____ Phone _____

(if different from the student)

Mother/Caregiver _____ Ethnicity _____

Work Phone _____ Mobile _____

Email _____

Occupation _____ Company Name _____

Home Address _____ Phone _____

(if different from the student)

Child lives with

Both Parents Mother Father Caregiver

Other Information – (restricted access etc.) _____

ETHNIC BACKGROUND

Nationality _____ Home Language _____

(The country the student was born in)

Entered N.Z. on ___/___/___ (if not N.Z. Citizen) Iwi _____

Ethnic Group (Tick one of the following)

- N.Z. European N.Z. Maori Korean Chinese
- Cook Island Maori Taiwanese Tongan British/Irish
- Samoan Indian Fijian Other European

Other Group (please specify)

MEDICAL INFORMATION

Doctor _____ OK for Paracetamol Diabetes

Phone _____ Inhaler Required Bee Sting

Allergy

Please provide information on allergies, medication requirements or any serious medical condition _____

Emergency Contacts (other than parents/caregivers)

Name _____

Phone _____

OFFICE USE

DOB Verified Proof of Address IZ Statement

Behaviour Management Computer/Internet

Online Publication Report

Entered in School Records

Etap _____/Enrol _____

NSN : _____

Place your passport photo here

NORMAL SCHOOL

I understand that this is a Normal School and is associated with the University of Auckland.

Yes No

Signature _____ Date _____
(Parent/Caregiver)

WATERWISE PROGRAMME

I understand that this programme teaches my child sailing and kayaking skills, plus all the associated water safety skills.

I give permission for my child to take part in this programme.

Yes No

Signature _____ Date _____
(Parent/Caregiver)

OUT OF SCHOOL ACTIVITIES

In accordance with the School Safety Policy, I give permission for my child to participate in organised activities outside of the school grounds.

Yes No

Signature _____ Date _____
(Parent/Caregiver)

PRIVACY ACT REQUIREMENTS

Under the Privacy Act we are required to obtain your informed and signed consent to store and access the data on this form. In accordance with this would you please sign the following :

I give permission for the information to be stored and accessed by Ministry of Education, Teachers and Administration staff of T.N.I.S.

Yes No

Signature _____ Date _____
(Parent/Caregiver)

SCHOOL DONATION

The School Donation is currently \$370.00 for one year A donation receipt will be issued for tax purposes.

A discount of \$20 is offered if the School Donation is paid in full before the 31 March.

**The Principal
Wendy Sandifer**

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