



# ENROLMENT FORM 2010

Glenfield Intermediate School

## PERSONAL STUDENT DETAILS Please provide: a) birth certificate - if born in New Zealand, b) passport - if not born in New Zealand

Family name: \_\_\_\_\_ Name of previous school: \_\_\_\_\_  
 First name: \_\_\_\_\_ Gender: Male / Female Year level (2010): 7 / 8  
 Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mail to whom: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Commencement date : \_\_\_\_/\_\_\_\_/\_\_\_\_

### MOTHER/CAREGIVER

Relationship to student: \_\_\_\_\_  
 Title: \_\_\_\_\_ Family name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 First name: \_\_\_\_\_ Workplace: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### FATHER/CAREGIVER

Relationship to student: \_\_\_\_\_  
 Title: \_\_\_\_\_ Family name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 First name: \_\_\_\_\_ Workplace: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### EMERGENCY CAREGIVER 1 (other than parents/caregivers)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

### EMERGENCY CAREGIVER 2 (other than parents/caregivers)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

### ETHNICITY

- NZ European  Asian (please specify) \_\_\_\_\_  
 NZ Maori Iwi \_\_\_\_\_  Other (please specify) \_\_\_\_\_  
 Pasifika (please specify) \_\_\_\_\_ (Tick more than one if applicable)

First language learnt/spoken from birth : \_\_\_\_\_ Main language currently spoken at home: \_\_\_\_\_

### NATIONALITY (If NOT a New Zealand Citizen - please complete the following and provide passport)

Country of Citizenship: \_\_\_\_\_

#### 1) Visa Type (Parent)

Work / Student / Permanent Resident / Other \_\_\_\_\_ Visa expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's passport number: \_\_\_\_\_ Passport expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 2) Visa Type (Student)

Student / Permanent Resident / Other \_\_\_\_\_ Visa expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student's passport number: \_\_\_\_\_ Passport expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### STUDENTS NOT BORN IN NEW ZEALAND

Refugee (please circle) Yes No  
 Date of entry to New Zealand: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date first started school in NZ: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total years of schooling overseas: \_\_\_\_\_ Total years of schooling in NZ: \_\_\_\_\_

### OFFICE USE ONLY

ESOL	ICT	A	B	C	D	E	F	G	Enrolment Number	Room Number
Teacher	Enrol	National Student Number								
Dental Nurse										

Please complete reverse side