

LEVIN INTERMEDIATE SCHOOL

NEW ENROLMENT INFORMATION

Student Information:

Student's Surname:	First Name:	Middle Name:
.....
Home Address:		
Male / Female (<i>cross out one</i>) Date of Birth: Previous School:		
Ethnic Origin: Tribal Affiliation (<i>if any</i>)		
Is English spoken at home? Yes / No (<i>cross out one</i>)		
Family Doctor: Phone:		
Medical problems (<i>if any</i>)		
Special Family Circumstances: <i>eg shared custody or custody/access issues; recent bereavements etc</i>		

Parent / Caregiver Information (of the person/s the student is living with)

First Name & Surname	Relationship to student eg: Mother, Father, Guardian, Aunt etc	Phone Number
1.		(H)
		(W)
		(Cell)
		(Email)
2.		(H)
		(W)
		(Cell)
		(Email)

Emergency Contact (Other than parents/caregivers etc named above and authorized to collect this student from school in the event of illness or an emergency)

Name:	Relationship to Student:
Phone No.:	P.T.O. →

School Use Only

Start Date: ____ / ____ / ____	Year: 7 / 8	Room: ____	Enrolment No. _____
<input type="checkbox"/> Verification of Age/Citizenship: (copy to be kept on file) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	Entered on ENROL <input type="checkbox"/> Entered in Admission Reg <input type="checkbox"/> Entered in Schoolmaster <input type="checkbox"/>	Card completed: <input type="checkbox"/> Info requested: ____ / ____ / ____ Info received: ____ / ____ / ____	

Parent/Caregiver Authorisation (please tick the boxes to give your permission):

- I give permission for my child to go on teacher supervised school activities outside the school boundaries, but within the Levin Town precinct, during school time. Any such activity will have been authorised by the school management. Any activities outside Levin will require specific parental consent on each occasion.
- I give permission for information relating to my child's education to be forwarded on request to the appropriate College.
- I give permission for photographs of my child to be used on our website and in school publications.

Signed: _____

Parent/Caregiver Checklist (to be completed before a student starts at L.I.S.)

- I have reviewed the Levin Intermediate Uniform Agreement with my child.
- I have reviewed the Levin Intermediate Code of Conduct Agreement with my child.
- I have reviewed the Levin Intermediate Computer Use Agreement with my child.
- I have received information about annual school fees and agree to pay them on request
- I have made arrangements for my child to get to school (see office about school buses)
- I have received information about the required class stationery.

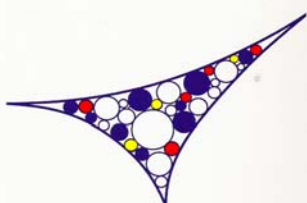
Please post or deliver the Student Enrolment form for the Principal's signature and confirmation of enrolment to -

**Office Administrator,
Levin Intermediate School,
Collingwood St,
Levin.**

*Students currently attending Levin North, Levin East and Levin Schools
may return their enrolment forms to their school office by
TUESDAY 27 OCTOBER for collection.*

(You will be contacted to confirm your child's enrolment and start date at Levin Intermediate School.)

Office use only: **Principal's Signature:** _____ **Date:** _____
(required to complete enrolment)



**WELCOME TO LEVIN INTERMEDIATE.
TU TANGATA - STAND TALL**