

# Application Form Prospectus 2024



Please complete this enrolment form and return it to: The Principal, Ilminster Intermediate School, De Latour Road, Gisborne. Contact: Ph (06) 867 6233 Email: office@ilminster.school.nz www.ilminster.school.nz

First Name:  Surname:

Pronoun: he/him  she/her  they/them  Are you NZ born? Yes  No  If No, passport is required to verify residency status  
 Male  Female Date Of Birth:

Home Address:  Home Phone:

Previous School:  Year:

Ethnic group (please tick)  Maori  European  Other  Iwi Affiliations to:

**Living Arrangements:** Please name the parents or caregivers the student is living with:

1. Full name of Caregiver:  Work Contact:

Address if different from above:  Mobile:

Email:  Relationship to child:

2. Full name of Caregiver:  Work Contact:

Address if different from above:  Mobile:

Email:  Relationship to child:

Doctor:  Medical Clinic:

Health/Allergies: eg: stings, asthma, disabilities, wears glasses/hearing aids, takes regular medication (please give details):

Food Allergies:

I give permission for the school to administer panadol/paracetamol to my child for medical ailments when deemed necessary: Please tick: Yes  No

Emergency Contact: Name:  Phone:

Relationship to Child:

**Custody Information:** Fill in this section if you have any custody or access arrangements that relate to the child you are enrolling:

Is there a court order in place? Yes  No  If yes, please bring documents into the school office

Describe any custody arrangements:

**Consents/Permissions:** Please read the statements below and respond.

**Photos:** I give permission for photos and videos of my child to be used to celebrate achievements and success and for learning-related and promotional purposes, in line with school's policies and the school's privacy policy Yes  No

**EOTC: Please read** the attached EOTC agreement also found on our website: www.ilminster.school.nz

I give permission for the school to take my child on Education Outside the Classroom (EOTC) within the school grounds and off-site Yes  No

**Digital Agreement: Please read** the attached Ilminster Intermediate Kawa of Care Digital Technologies agreement Agree  Disagree

**Newsletter Access:** I would like to access the school panui via: Facebook  Email  Skool Loop

**Centre Choice:** Please put your 1st (1) and 2nd (2) choice of Centre in the right box.

Challenge Centre  Expressive Centre  Xcel Centre  SciTech Centre

By signing below I also agree:  
• To any information to be released to other educational institutions  
• And confirm that the residential address given for my child above, is the address where he/she will reside/be living at for the majority of the time.

Parent/Caregiver's Signature:  **Closing Date for Enrolments: Monday 20 November 2023**

**School Office Use Only:** Year:  Room:  Centre:   
Matauranga Group:  Zone: In  Out