

OUT OF ZONE ENROLMENT 2020

Please return this application by the 4th September 4pm.
Please ensure all details are filled in, together with photocopied legal documents. (Please ensure only **COPIES** are included as no information can be returned)



BHBI Blockhouse Bay Intermediate
Stand Tall • Ruia Taitea

The following priorities for out of zone enrolment apply as directed by the Ministry of Education guidelines.

Please indicate which priority you are applying under (tick one only)

- SC sibling of students currently enrolled at BHB
- SP sibling of former student of BHBI (**Birth certificate of former student required**)
- CP child of former student of BHBI (**Proof required eg report, photo**)
- BE child of an employee of the BHBI Board of Trustees
- OZ All other applicants

95 Bolton Street Blockhouse Bay Auckland Ph:626 6414 www.bhbint.school.nz

Student Details PLEASE REMEMBER TO INCLUDE A COPY OF YOUR CHILDS BIRTH CERTIFICATE / NZ PASSPORT OR STUDENT VISA.

Students Full Name _____
First Name Middle Name Family Name

Known As: _____ Gender: Male/Female Date of Birth: ____/____/____
Preferred Name (Please Circle) Day/Month/Year

Previous School _____

Ethnic Group(s) – circle which applies: NZ Maori Cook Island Indian Chinese Asian

European/Pakeha Tongan Samoan Niuean Fijian Other _____

Parent/Caregiver Details: (Please list parent to be contacted first)

Student Lives with: (please circle) Parents Mother Father Guardian Other

1st Contact: Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Parents / Caregivers home email (will be sent to this address)

(Please print clearly) we email our school newsletter/ student led conferences, emergencies and school wide events

2nd Contact: Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

P.T.O

1st contacts - Home Address: _____

_____ Post Code _____

Emergency Contact (an alternative to the above please)

Name: _____ Relationship to student _____

Daytime Phone Number _____ Mobile Number _____

OK for School to Administer Panadol: Yes / No Is your child immunised Yes / No / Partly

Student Health

Please list any medical conditions your child has

Medical condition _____ Severe/Moderate/Mild

Medical condition _____ Severe/Moderate/Mild

Medical condition _____ Severe/Moderate/Mild

Sensitive Information: (ie: Custody issues, restricted access. Please attach copies of custody orders

Country of Citizenship _____

If not born in New Zealand, attach a copy of student's passport, or parents work permit and record date of entry into New Zealand _____

Home Language: _____ Does student have Maori ancestry? Yes/No

Please state iwi _____

Learning Needs: (Please state any special learning, ability or behavioural needs your child may have)

Cultural, Musical, Sporting Interests: _____

Parent/Caregiver Guarantee:

I hereby guarantee that:

- I have completed all sections of the above form and the information supplied is correct.
- I will assume responsibility for the school donation and all associated costs.
- My child will attend school regularly.
- My child will abide by the school's rules, including wearing of the correct Blockhouse Bay Intermediate School uniform.

I understand that:

- The information on this form will be used by the school for educational purposes.
- I am giving my permission for the school to include my child in routine health checks when necessary.
- I am giving my permission to enable the dental authority to access my child's details.
- Names, addresses and phone numbers may be released to the BOT.

I give permission for:

- My child's records to be obtained from their previous school, and my child's name and address to be forwarded to potential secondary schools.
- My child's records to be sent on to their next school upon their leaving Blockhouse Bay Intermediate.

I/We acknowledge that the above information is true and correct. I /we further accept that in signing this form we abide by the procedures, rules and regulations of the school.

Date _____ Please print name _____

Parent signature _____

Out of Zone Information

Thank you for your application for enrolment at Blockhouse Bay Intermediate School. Out of Zone enrolment closes on the **4th September 4pm**.

Because you do not live within the home zone specified in the school's enrolment scheme your application will be subject to the selection procedure specified in the Education Act 1989.

The Act states that first priority must be given to students who meet the criteria for enrolment in an approved special programme run by the school. Our school has no such programme. Second priority must be given to siblings of current students. Third priority must be given to siblings of former students. Fourth priority must be given to children of a former student of the school. Fifth priority must be given to children of board employees. Sixth priority must be given to all other students.

In situations where the number of applicants exceeds the number of places available for out of zone students, selection will be by ballot. If a ballot is required at our school, it will be held on **11th September** and will be supervised by a Justice of the Peace (or, as appropriate, a practising lawyer or a sworn member of the Police or a local government returning officer). Within three school days of this date, the school will send you a letter informing you of the outcome of the ballot. If your application has been successful, you will be asked to confirm your acceptance or rejection of the offered place within fourteen days of the date on the school's letter. If you do not respond within the fourteen-day period, the place will be offered to the first person on the waiting list established by the ballot.

If you require any further information, please do not hesitate to contact me.

Michael Malins
Principal