



## 2015 Enrolment Instructions for In-Zone Students

Applications for students currently living In-Zone should be received by 19 September 2014

Please complete the following forms:

**FORM 1** Enrolment Application

**FORM 2** Statutory Declaration – *ensure this is certified by a Justice of the Peace*

In addition to the Enrolment Application and Statutory Declaration we require certified documents as follows for proof of address and proof of identity.

**Note:** Certified means that a copy of the document and its original is to be signed and sighted by a Justice of the Peace, or Solicitor so that it can be verified as a true copy.

Once completed print, sign and post or deliver to the Enrolment Officer, Auckland Normal Intermediate, Poronui Street, Mt Eden, Auckland 1024. Alternatively you can scan and email to [kappleby@ani.school.nz](mailto:kappleby@ani.school.nz).

### PROOF OF ADDRESS:

#### If you OWN your home:

- Purchase Agreement/Rates
- Previous Out-of-Zone address

If a student has moved In-Zone in the past 6 months from an Out-of-Zone address please provide the final electricity account for that address

**Two of the following documents are required. These must be current (i.e. within one month of issue)**

- Power Account (must show financial transactions)
- Phone Account (must show financial transactions)
- Bank Statement (posted to your address)

### PROOF OF IDENTITY:

#### NZ born students:

- Full Birth Certificate  
Or NZ Passport personal details page

#### If you RENT your home:

- Tenancy Agreement
- Previous Out-of-Zone address

If a student has moved In-Zone the past 6 months from an Out-of-Zone address please provide the final electricity account for that address

**Two of the following documents are required. These must be current (i.e. within one month of issue)**

- Power Account (must show financial transactions)
- Phone Account (must show financial transactions)
- Bank Statement (posted to your address)

#### For students born outside NZ:

##### NZ Citizens:

- NZ passport personal details page or Citizenship Certificate

##### All other nationalities:

- Passport personal details page
- Entry stamp showing date of first entry to NZ

**and**

- (a) Residency Permit **or**  
(b) Student Permit, together with parent's passport and Work Permit

**NOTE:** please ensure we receive Form 1, Form 2 and certified copies of proof of address/identity by **19 September 2014.**

Once the above enrolment documents have been received we will email you confirmation that the information supplied was correct and advise you of next steps in the enrolment process.

We look forward to receiving your In-Zone enrolment.

Karleen Appleby  
Enrolment Officer



# AUCKLAND NORMAL INTERMEDIATE

## Application for In-Zone Enrolment 2015

PLEASE NOTE: ONLY ONE APPLICATION IS REQUIRED PER STUDENT  
Applications for student's currently living In-Zone should be received by 19 September 2014



FORM 1

For office use only:

Local Student ID:	NSN:	Enrol No:	Room:
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**PARTICULARS OF STUDENT**  Year 7  Year 8 (please tick)  Boy  Girl (please tick)

Surname:			Date of Birth:	
First Name:			Country of Birth:	
Preferred Name:			Ethnicity:	
Middle Name:			Nationality (passport):	
Address:			If not NZ born, date of arrival in NZ:	
		Postal code:	NZ Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home:	Student Mobile:	Language spoken at home:	
Present School:			Other Languages:	
Iwi (NZ Maori):			Date started at Primary School:	

**IMPORTANT:** Please indicate who is the first point of contact for your child:  Mother  Father (please tick)

**MOTHER'S DETAILS**

Surname:			Title:	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR
First Names:			Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home:	Mobile:	Occupation:	
Email Address:			Work Phone:	
Company:				

Please note: All communication with parents is via email so it is essential that the school is provided with a valid email address.

**FATHER'S DETAILS**

Surname:			Title:	<input type="checkbox"/> MR <input type="checkbox"/> DR
First Names:			Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home:	Mobile:	Occupation:	
Email Address:			Work Phone:	
Company:				

Please note: All communication with parents is via email so it is essential that the school is provided with a valid email address.

**LEARNING INFORMATION**

Are there any learning needs your child has that we should be aware of?  Yes  No

If Yes, please specify:

**MEDICAL INFORMATION**

Do we have permission to administer Panadol tablets or liquid when necessary? No. of tablets:  1  2  No

Does your child have any medical issues we need to know about?  Yes  No

If Yes, please specify:

Please note anything the school needs to know for treatment (medication to be supplied):

Family Doctor:		Phone Number:	
Address:			

**EMERGENCY CONTACTS** (This information is very important should your child fall ill at school and we are unable to contact you. These contacts cannot be the student's parents/caregivers or anyone living at the same address).

Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
First Name:	<input type="text"/>	Work Phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile:	<input type="text"/>

Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
First Name:	<input type="text"/>	Work Phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile:	<input type="text"/>

*In the event of the school being unable to contact any of the above I authorise the obtaining on my behalf any medical assistance, (if, in the opinion of the staff, such treatment is necessary), and agree to meet any costs incurred. In the event of a serious accident an Ambulance will be called.*

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**SIBLINGS**

Name:	<input type="text"/>	School:	<input type="text"/>	Year:	<input type="text"/>
Name:	<input type="text"/>	School:	<input type="text"/>	Year:	<input type="text"/>

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**FINANCIAL REQUESTS**

The school will request of you the following financial payments:

- parent donation
- payment in advance for class trips

The school will also request payment for any take home items your son/daughter makes in Technology or another specialist subjects. If you agree to accept these goods a one off charge of \$194.00 is requested. In signing the enrolment form you acknowledge that the school will be making these requests.

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**PRIVACY INFORMATION**

The information requested by Auckland Normal Intermediate in this form will be used for the following purposes:

- To facilitate the operation and administration of the school
- To maintain contact with parents
- To provide information to the Board of Trustees, Parent/Teacher Association, Ministry of Education, Special Education Services and emergency services
- In an emergency, information from the file may be given to an agency such as the Police or Doctor.

(Note: You have the right to access the information which the school holds about your child)

I give permission for my child's visual image to be used for educational purposes in:

School Publications	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
School Website	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**ENROLMENT IS DEPENDENT ON:**

- Personal details provided at the time of pre-enrolment being accurate
- Any changes to these details have been notified to the school in writing

**IN-ZONE RESIDENCE**

**A. I understand that students accepted under the In-Zone criteria will be expected to remain within the In-Zone while attending the school. ANI expects that if children accepted as In-Zone students move Out-of-Zone, they will enrol at their new local school.**

**B. Auckland Normal Intermediate expects that if parents intend to change their address they will immediately inform the school.**

I/We certify that the information given in this application form is correct and I/We have read and understood the conditions of In-Zone Residence.  (please tick)

Signed: \_\_\_\_\_  
Parent/Caregiver

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_



# AUCKLAND NORMAL INTERMEDIATE

## Statutory Declaration for In-Zone Applicants Only



FORM 2

I,  (full name)

being the parent/guardian of  (name of student) do solemnly declare as follows:

1. That the information contained in this application is true and correct in every respect
2. That my child's current and usual home address is:

3. That my child's full home address(es) and school(s) attended over the last four years is (are) correctly set out below:

	HOME ADDRESS OF STUDENT (e.g. 20 Silver Road, Epsom)	SCHOOL ATTENDED (e.g. Epsom Normal)
2014		
2013		
2012		
2011		

4. **Authority to Release Information.** I understand that for the purpose of verifying my child's residential address the school may request information from the above schools, from my current electricity and telephone suppliers and, where applicable, from my landlord, and accordingly I authorise the relevant agencies to release that information to the school.
5. **In-Zone residence.** I understand that students accepted under the In-Zone criteria will be expected to remain within the In-Zone while attending the school. ANI expects that if children accepted as In-Zone students move Out-of-Zone, they will enrol at their new local school.

**And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Dated at Auckland this \_\_\_\_\_ day of \_\_\_\_\_ 2014/2015

Signed: \_\_\_\_\_ (Parent/Guardian as above)

Signed: \_\_\_\_\_ (Justice of the Peace OR Solicitor)

*Details of the above person authorised to take a Statutory Declaration:*  Justice of the Peace

Name: \_\_\_\_\_  Solicitor

Address: \_\_\_\_\_

**Note: Any alterations made to this Statutory Declaration must also be signed by the Justice of the Peace or Solicitor.**

**Note: To make a false declaration is a criminal offence.**

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary. For example:

- renting accommodation in-zone on a short-term basis
- arranging temporary board in-zone with a relative or family friend
- using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board of Trustees may review the enrolment. Unless the parents can give a satisfactory explanation within 14 days, the Board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989. **The school retains the right to make all inquiries necessary in its opinion to obtain information that may assist it to reach a decision.**