



HUTT INTERMEDIATE SCHOOL

2026 ENROLMENT FORM

Out of zone applications will NOT be accepted after 3:00pm 22nd August 2025

OFFICE USE ONLY
2026 Year Level 7 / 8

In Zone	<input type="checkbox"/>	EDGE	<input type="checkbox"/>
Out of zone	<input type="checkbox"/>	Priority	<input type="checkbox"/>
SENCO	<input type="checkbox"/>	Publicity	<input type="checkbox"/>

STUDENT DETAILS

Surname: _____	Country of Citizenship: _____
First names: _____	Birth country: _____
Known as (preferred name): _____	Enrolment Category: <input type="checkbox"/> In Zone <input type="checkbox"/> Out of Zone
Date of Birth: _____ / _____ / _____	Last school attended: _____
Address: _____	2025 Year Level: _____
Postcode: _____	Sibling(s) presently attending HIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____ Gender: _____	Name(s): Years attended: _____
Student Cellphone _____	Sibling(s) previously attending HIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic group(s): (1) _____	Name(s): Years attended: _____
(2) _____	Parent(s) previously attended HIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
If New Zealand Maori: (plus Iwi region if known)	Name(s): Years attended: _____
Iwi 1: _____	
Iwi 2: _____	
Main language spoken at home: _____	

PRIMARY CAREGIVERS (MAIN RESIDENCE)

☐ Living with Student ☐ Access to Student ☐ Shared Care ☐ Correspondence to be sent to both households

Title: (Mrs / Miss / Ms / Mr) : _____	Title: (Mrs / Miss / Ms / Mr) : _____
Surname: _____	Surname: _____
First name: _____	First name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Home Telephone: _____ Work: _____	Home Telephone: _____ Work: _____
Mobile: _____	Mobile: _____
Email Address: _____	Email Address: _____
Occupation: _____	Occupation: _____

SECONDARY CAREGIVERS (IF APPLICABLE)

☐ Living with Student ☐ Access to Student ☐ Shared Care ☐ Correspondence to be sent to both households

Title: (Mrs / Miss / Ms / Mr) : _____	Title: (Mrs / Miss / Ms / Mr) : _____
Surname: _____	Surname: _____
First name: _____	First name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Home Telephone: _____ Work: _____	Home Telephone: _____ Work: _____
Mobile: _____	Mobile: _____
Email Address: _____	Email Address: _____
Occupation: _____	Occupation: _____

EMERGENCY CONTACTS (OTHER THAN CAREGIVERS DETAILED ABOVE AND WHO RESIDE IN THE WELLINGTON AREA)

Name:	Relationship to Student:	
Home Telephone:	Work Phone:	Mobile:
Name:	Relationship to Student:	
Home Telephone:	Work Phone:	Mobile:

FOR STUDENTS WHO WERE NOT BORN IN NZ

Date of Arrival in NZ: / /	or Certificate of Identification No: _____
Passport No:	Refugee Quota <input type="checkbox"/> Yes <input type="checkbox"/> No
or Permanent Residence No: _____	Refugee Family Reunification <input type="checkbox"/> Yes <input type="checkbox"/> No
or Residence Visa No: _____	

STUDENT HEALTH DETAILS

Are there any health problems, disabilities, allergies, prescription medicines, insulin or an Epi-Pen which the School should be aware?

Does medication need to be taken at school: ☐ Yes ☐ No

If yes, you will need to complete a medication consent form at the school office at the beginning of the year

Name of Doctor/Health Centre: _____

Allowed Panadol: ☐ Yes ☐ No Allowed Antihistamine: ☐ Yes ☐ No

Would the student be limited in any way, in taking part in physical activities? ☐ Yes ☐ No

If yes please specify:

Please supply an up to date immunisation record.

LEARNING SUPPORT

Has the student been involved with any learning support programmes, eg: RTLB support, Teacher Assistant: ☐ Yes ☐ No

Does the student have any specific learning needs.eg: Dyslexia, ADHD, Dyspraxia etc: _____

Has the student been involved with any English Language Learning Support (ESOL): ☐ Yes ☐ No

Is the student ORS funded: ☐ Yes ☐ No

DECLARATION BY PARENTS/ OR CAREGIVERS

☐ I/We hereby declare the information supplied to the School is correct and the student shall be subject to all rules, regulations and expectations of the School as stated in the **Hutt Intermediate Student Code of Conduct**.

☐ I/We have read and discussed the **Cell Phones and Other Electronic Devices Agreement** on the back page of this Enrolment Form with the student and we have signed the agreement.

The information requested is retained by the School and will be used for the following purposes:

- To provide information to the Ministry of Education
- To maintain contact with Parents and Caregivers
- To facilitate the operation and administration of the School
- To enable contact and appropriate treatment in the event of emergency or student illness.

I/We authorise Hutt Intermediate to use the information set out in this enrolment form for the purposes set out above.

Signature: _____ Relationship to Student: _____

Signature: _____ Relationship to Student: _____

Date: _____

ZONING DECLARATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction in 2026. If a pre-enrolled applicant has a change of address, they must advise the school immediately, as this may affect their eligibility for enrolment.

The Ministry of Education has advised that parents/guardians 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 eg:

- 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 may review the enrolment. Unless the parents/guardians can give a satisfactory explanation within 10 days, the board may annul the enrolment. This course of action is provided for under clause 13 of the Education Act 2020.

I confirm that the address supplied to the school in this enrolment form will be the usual place of residence of _____ (student name) when the school is open for instruction in 2026.

I will advise the school of any subsequent change of address.

Signed: _____ Date: _____

ENROLMENTS CHECKLIST

Applications for In Zone places can only be accepted once the student is living in the school zone with their parent(s) or legal guardian.

Please note that living 'in the school zone' means that a student has their main residence in the school zone. Please also note that the school will not accept the temporary transference of guardianship to someone living in zone as evidence that a student is living in zone.

Please check you have provided the following documents:

- ☐ Up to date Immunisation Record

PROOF OF IDENTITY:

- ☐ Students born in New Zealand: A Birth Certificate or Passport
- ☐ Students born outside New Zealand: Passport and Residency Permit or Student Visa or NZ Passport or Citizenship Certificate

PROOF OF ADDRESS: We will only accept the following evidence of residence in zone:

Either A recent (less than two months old) electricity/rates bill for an in-zone property indicating residence of at least one month, in the name(s) of the Parent or legal guardian of the applicant

Or A completed tenancy agreement for an in-zone property in the name(s) of the parent or legal guardian of the applicant

PLUS A recent additional utility bill, such as landline telephone bill, SkyTV bill or home and contents insurance.

Please note:

- Further documentation may be requested at any time
- Applications will only be processed once all documentation is received
- The School may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate

PERMISSIONS

Publicity

Publication of student's name and photograph on the Hutt Intermediate School website or in publications: ☐ Yes ☐ No

School / Class Trips

I give permission for my child to participate in school day trips which may involve bus or train travel, transportation in the school vans, staff vehicles, parent helper vehicles, or walking to venues within a reasonable distance to Hutt Intermediate. I also understand that I will be kept fully informed regarding the details of any trip my child is going on, and if I do not wish for them to participate I will inform the school. ☐ Yes ☐ No

I am happy for Hutt Intermediate School to request information from previous schools as necessary. ☐ Yes ☐ No

HUTT INTERMEDIATE SCHOOL CELL PHONE POLICY

Students are to ensure their phone is switched off or in silent mode and put cell phones into the class container as soon as they arrive at school. The class container is sent to the office for the duration of the day. Two students deliver and collect the cell phone container. If a student is seen using a cell phone at school it will be confiscated. The cell phone will be removed from the student/s and handed into the office by the teacher for safekeeping. Please note the school takes no responsibility for cell phones not handed in.

The following are our cell phone guidelines:

- The use of cell phones is banned during the school hours of 8.00am and 3.00pm;
- All cell phones are to be switched off or in silent mode and handed to the class teacher upon arrival at school. The phones will be stored at the office. They will be returned at the end of the day.
- If parents need to get a message to their child during the school day they can phone the school office staff who will follow up immediately;
- If students need to contact a parent/caregiver they can ask permission from the class teacher to go to the office to ring their parent/caregiver;
- Students seen with a cell phone between 8.00am and 3.00pm will have their phone sent to the office where it will remain until collected by a parent

Parent or Caregiver Signature: _____

Student Name and Signature: _____



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