AD ALTIORA | MAURI ORA

Rangitīkei College Enrolment Form

Te Kura Tuarua O Rangitīkei Pukatono Whakauru

Please complete all sections of this form

Student Details/*Ngā Taipitopito Ākonga*

Legal Last Name / *Ingoa whānau:*		**Legal First Name(s)** / *Ngā ingoa tuatahi:*	
Date of Birth / *Tuhia mai tō rā whānau:* ___/___/___		**Preferred Name(s)** (if different):	
Gender / *Tuakiri ā-ira:*	**Student Phone**:	**Intended Start Date** / *Rā tīmata:*	◯ Start of Year ◯ Other _____
Have you previously attended a New Zealand School? ◯ Yes ◯ No		Previous School before coming to Rangitīkei College:	

Student's year level will be: Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13 ☐	**School Bus Transport** – Ministry Funded / *Te waka kua pahi:* Bulls ☐ Hunterville ☐ Turakina ☐ Tutaenui ☐	**Languages Spoken:** 1st Language spoken / *Reo tuatahi:* _____ 2nd Language Spoken / Reo tuatahi: _____	**Confirmation of Residency** / *Raraunga Aotearoa*: New Zealand Citizen ☐ Student Visa ☐ Resident Visa ☐ County of Citizenship (if not NZ): _____

Names of family members who attend/attended Rangitīkei College:
House they are/were in: ☐ Kaimanawa ☐ Ruahine ☐ Kaweka ☐ Tararua

Which Ethnic Group do you belong to? Nō tēhea, ēhea mātāwaka koe? (you may tick more than one):

NZ European / *Pākehā* ☐ Pacific Island / *Pasifika* ☐ Please specify / Tuhia mai: _____ Other / *(t)ētahi atu iwi* ☐ Please specify / Tuhia mai: _____	Māori ☐ (Iwi and Region if known; up to 3 may be used) Iwi: _____ Region / *Rohe:* _____ Iwi: _____ Region / *Rohe:* _____ Iwi: _____ Region / *Rohe:* _____

Health, Medical and Learning Information/*Hauora/Rongoa a Ako*

Doctor/Medical Centre where enrolled:

Medication: Do you give permission for Rangitīkei College to give the following to your student without contacting you first?

Paracetamol ☐
Antihistamine (Cetirizine Hydrochloride) ☐

Medical Conditions and Allergies: Please list any medical issues of which the school should be aware, including if you require Rangitīkei College to hold and/or administer medication for your student.

Condition: (eg asthma, allergies, diabetes, epilepsy)	**Treatment and/or Plan**
_____	_____
_____	_____
_____	_____
_____	_____

Special circumstances / information: Please tell us if your student has any special circumstances we need to know about - eg vision or hearing problems, mental health concerns, learning difficulties, family circumstances, support agencies working with your student etc - so that we can be aware of these:

Primary Residence / *Noho Tuatahi*

This is the adult(s) who assume the most responsibility in caring for the health and wellbeing of the student

Mr / Mrs / Ms / Miss *(please circle one)*			**Mr / Mrs / Ms / Miss *(please circle one)***		
Full Name Caregiver 1			Full Name Caregiver 2		
Relationship to Student			Relationship to Student		
Legal Guardian	Yes	No	Legal Guardian	Yes	No
Home Phone			Home Phone		
Mobile Phone			Mobile Phone		
Email			Email		
Address:			Address:		
Occupation			Occupation		
Place of Employment			Place of Employment		
Work Phone			Work Phone		

Secondary Residence / *Noho Tuarua*

Secondary residence - if applicable

Mr / Mrs / Ms / Miss *(please circle one)*			**Mr / Mrs / Ms / Miss *(please circle one)***		
Full Name Caregiver 1			Full Name Caregiver 2		
Relationship to Student			Relationship to Student		
Legal Guardian	Yes	No	Legal Guardian	Yes	No
Home Phone			Home Phone		
Mobile Phone			Mobile Phone		
Email			Email		
Address:			Address:		
Occupation			Occupation		
Place of Employment			Place of Employment		
Work Phone			Work Phone		

Emergency Contact / *Hei Matua Ohotata*

(This should be a different person to the caregivers named above i.e. who <u>else</u> can we contact?)

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

Checklist

All students need to supply the school with evidence of citizenship and eligibility to enrol in a New Zealand school - For New Zealand citizens this is a birth certificate or passport, for non-citizens it is passport plus visa details

I enclose the following documents as part of my student's application for enrolment:

New Zealand Citizen		**Non-New Zealand Citizen**	
Copy of the student's birth certificate or passport	☐	Copy of the student's passport	☐
		Copy of the student's study / residency visa	☐

✓ Declaration by Parent(s)/Caregivers and Student

- ☐ I/We confirm that the information provided on this form is correct and complete and I/We have disclosed all information that is relevant to the enrolment of the student named on this form.
- ☐ I/We will advise Rangitīkei College of any subsequent change to this information.
- ☐ I/We consent to the student's work and/or photograph/video images appearing in school publications/website and school advertising material.
- ☐ I/We give permission for my student to receive first aid by staff with first aid training. A register is kept of medication and treatment given.
- ☐ I/We as caregivers expect our child to comply with Rangitīkei College's core values, regulations, policies (including uniform and cell phone) and procedures.

Name of Parent/Caregiver:	Signature of Student:
Signature of Parent/Caregiver:	Signature of School:
	Date:

Privacy Statement / Taukī Tūmataiti

The school collects information on this form to enrol your child at school, assess the educational needs of your child, ensure the school gets the correct resources from the Ministry of Education for your child. The school collects and uses your child's information in accordance with the Privacy Act 2020. The school sends some of your child's information to the Ministry of Education and other education and health agencies.