

# Enrolment Form

RANGITIKEI COLLEGE

20 Bredins Line • Marton 4710 • NZ

Phone 06-3277024 • Fax 06-3278287 • Email admin@rangitikeicollege.school.nz



## STUDENT DETAILS

Year Level 9 10 11 12 13 (circle one)	Regular Student	Adult Student	Exchange Student (circle one)	Date starting school / /
Full Time	Part Time (circle one)			
Legal Surname			Preferred Surname	
Legal First Names			Preferred First Name	
Male / Female	Date of Birth / /	<b>IMPORTANT - A photocopy of the Birth Certificate or passport is required by law</b>		Previous school
Home Address (Please supply Rapid Number if Rural Address)				
Postal Code				
Names of family members who attend/have attended Rangitikei College:				
Siblings –			House they were in –	
Other family -			Kaimanawa <input type="checkbox"/> Kaweka <input type="checkbox"/> Ruahine <input type="checkbox"/> Tararua <input type="checkbox"/>	

## PARENT/CAREGIVER DETAILS

Parent/Caregiver 1 Mr / Mrs / Miss / Ms (circle one)			Parent/Caregiver 2 Mr / Mrs / Miss / Ms (circle one)		
Surname		First Name	Surname		First Name
Address (if different from student)			Address (if different from student)		
Email Address			Email Address		
Home Ph	Mobile	Work Ph	Home Ph	Mobile	Work Ph
Occupation & workplace			Occupation & workplace		
Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> (relationship):					
If not living with parent/s, please describe access and living arrangements for the student and parent/s contact details if different from above:					
Parent/s Name		Address		Ph number/s	
Any special family circumstances:					
Accounts should be sent to:	Name		Address (if different from above)		



## CULTURAL & INTERNATIONAL

Ethnic Origin:		If NZ Maori, Iwi affiliation (if any):	
1.		1.	
2.		2.	
3.		3.	
NZ Citizen	Yes / No (circle one)	If No, please provide your - <input type="checkbox"/> Passport <input type="checkbox"/> Visa for us to copy.	
Are you a refugee?	Yes / No (circle one)	What date did you arrive in NZ?	What is your home language?

## EMERGENCY CONTACT/S (if parents/caregivers not available)

Name	Home phone
Address	Work phone
Relationship to student	Cell phone

Name	Home phone
Address	Work phone
Relationship to student	Cell phone

## SPECIAL NEEDS

My child has received / is receiving special help from:

<input type="checkbox"/> Reading Recovery	<input type="checkbox"/> Language Development	<input type="checkbox"/> Extension Group
<input type="checkbox"/> Other (RTLb, RTLit, RTMaori, SLST, GSE, ORRS, Speech Therapy) – please explain		

## DECLARATION BY PARENT(S) AND STUDENT

- ✓  I acknowledge that the information on this form will be used by Rangitikei College in its normal operation. At the discretion of the Principal this information may be supplied to an outside agency. The Friends of School and sports coaches may have access to my name, address and phone number for contact purposes.
- I/We agree that my/our daughter/son can participate in all Education Outside the Classroom opportunities that occur within our local environment. This includes Wanganui and Manawatu.
- I/We agree that photos taken of my/our daughter/son and/or their school work in regard to school activities, may be used for promotional purposes, at the Principal's discretion.
- I/We agree that my/our daughter/son shall comply with Rangitikei College policy on all matters concerning the College, obey all rules, pay all fees as outlined and wear the prescribed uniform.
- I/We give permission for the school to obtain school records and any other information relevant to my child's welfare from previous schools.
- I/We agree that Rangitikei College will not be responsible for costs associated with any accident or injury sustained during a school related activity.
- These contact details may also be passed on to the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

## PRIVACY STATEMENT

The school collects the information on this form to enrol your child at school, assess the educational needs of your child and to 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. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, except in accordance with the Privacy Act.

Signed .....  
(Student)

Date .....

Signed .....  
(Parent/Caregiver)

Signed .....  
(Parent/Caregiver)

Signed .....  
(School)

# Health Profile & Medical Consent

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Name of student		Medic Alert Number (if applicable)	
Family doctor		Family dentist	
<b>1. Please tick if you have any of the following:</b>			
Asthma	Chronic nose bleeds	Heart condition	
ADHD	Diabetes	Migraine	
Allergies	Epilepsy	Seizures of any type	
Other: (please specify)			
<b>2. Is your child currently taking medication?</b>		Yes	No
If Yes, please state health condition/s:			
Name of medication/s:			
Dosage and time/s taken:			
Other treatment:			
<b>3. Is a specific health plan required for your child?</b>			No
If Yes, please give/attach further details:			
<b>4. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?</b>			No
If Yes, please state the injury/illness:			

<b>5. Is your child allergic to any of the following?</b>	Yes	No	Please specify:		
Prescription medication					
Food					
Insect bites/stings					
Other allergies					
What treatment is required?					
<b>6. When was your child/s last tetanus injection?</b>	Date:				
<b>7. Has your child received two doses of the MMR (Measles, Mumps, Rubella) vaccine?</b>	Yes	No	Does the school have a written copy of this record?	Yes	No
<b>8. What specific medication may your child be given by school staff if necessary? ie panadol</b>					
<b>9. Is there any information the staff should know to ensure the physical and emotional safety of your child?</b> (for example cultural practices, disability, anxiety, pregnancy, behaviour or emotional problems?)	Yes	No			
If Yes, please give details or attach further information:					

- ✓  I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- In the event of my child falling ill or suffering an accident while attending school or an associated activity (ie sport or camp/trip) I authorise the school first-aider or teacher in charge to provide first aid when it is required and to inform me as soon as is practical of the action taken or treatment received.
- I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by any medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- I will inform the school as soon as possible of any changes to the above medical information.

**Name of parent/caregiver** .....

**Signed** .....

**Date** .....