

ENROLMENT FORM



1 STUDENT DETAILS

GENDER Female Male

DATE OF BIRTH: ___/___/___

Surname: _____ First Names: _____

Preferred Name: _____ School just came from: _____

2 ETHNICITY INFORMATION

Child's Country of Birth: _____

Time lived in New Zealand: ___ Years ___ Months Date of arrival NZ ___/___/___

Child's Ethnic Group: Please tick, or number those that apply.

 Māori [Please also indicate your iwi] Iwi 1: _____ Iwi 2: _____ Pakeha/NZ European Samoan Tongan Cook Island Maori Niuean Fijian Indian
 Tokelauan Malaysian Thai Chinese Vietnamese Other: _____

3 LANGUAGE INFORMATION:

Child's first language: Please tick

 Māori English Samoan Tongan Cook Is Māori Fijian Cantonese Mandarin
 Tokelauan Malay Hindi Bengali Niuean Vietnamese Thai Other: _____

4 CAREGIVER 1

 Family Name: _____ First Name: _____Title: Mrs Mr Ms Miss Legal Guardian: Yes No Country of birth: _____Address: _____
Number Street Suburb Postcode

Home Phone: _____ Work: _____ Mobile: _____

Occupation: _____ Workplace: _____

Email Address: _____

Relationship to the child: Mother Step Mother Aunt Grandmother
 Father Step Father Uncle Grandfather Other: _____

5 CAREGIVER 2

 Family Name: _____ First Name: _____Title: Mrs Mr Ms Miss Legal Guardian: Yes No Country of birth: _____Address: _____
Number Street Suburb Postcode

Home Phone: _____ Work: _____ Mobile: _____

Occupation: _____ Workplace: _____

Email Address: _____

Relationship to the child: Mother Step Mother Aunt Grandmother
 Father Step Father Uncle Grandfather Other: _____

PLEASE RETURN BOTH PAGES

6 FAMILY INFORMATION

Family Status: Two Parents Single Parent Caregiver

Living With: Caregiver 1 Caregiver 2 Caregiver 1 & 2

7 EMERGENCY CONTACT INFORMATION

This must not be the same as the Caregivers.

Family Name: _____ First Name: _____

HOME PHONE: _____ WORK: _____ MOBILE: _____

RELATIONSHIP: Mother Step Mother Aunt Grandmother
 Father Step Father Uncle Grandfather Other: _____

8 LEARNING SUPPORT:

Does your child have learning needs? **Yes / No**

Please State: _____

9 MEDICAL INFORMATION:

Doctor: _____ Phone: _____

Allergies: _____

Medication: Please note details if you child requires medication at school. _____

Permission for my child to have Panadol should he/she need it
Please tick
<input type="radio"/> YES <input type="radio"/> NO

10 FAMILY DECLARATION:

Please Tick inside the circle to show your agreement.

- I agree to abide by the school rules, discipline code and uniform requirements.
- I consent to the personal information, which I have provided, being used for school related purposes and as required by protocols between schools and external agencies.
- I give permission for my child's photographs and or school work to be used during the two years that she / he is at R.O.I. Photographs or work will be displayed in the newsletter, school website, as posters in school on our display boards, in PowerPoints or in school produced videos.

Student's Signature: _____ Caregiver's Signature _____

11 IN ZONE DECLARATION:

I confirm that the address which I have provided to the school will be the usual place of residence of the child named on this form when the school starts. I will advise the school of any changes.

Signed: _____ Proof of residence is required. E.g. Power account, Rental agreement

12 OUT OF ZONE ENROLMENTS:

Application closing date: 15 October 2017 Ballot Date: 30 October 2017

Tick the box that applies to you:

- Second priority** must be given to any applicant who is the sibling of a current student of the school.
- Third priority** must be given to any applicant who is the sibling of a former student of the school.
- Fourth priority** must be given to any applicant who is a child of a former student of the school.
- Fifth priority** must be given to any applicant who is either a child of an employee of the board of the school or a child of a member of the board of the school
- Sixth priority** must be given to all other applicants.