

RĀWHITI SCHOOL ENROLMENT FORM



CHILD'S DETAILS:				
Legal Surname:		Male/Female:	Date of Birth: <small>(Please bring your child's birth certificate)</small>	
Legal First Names:		Previous School:		
Preferred Surname:	Preferred First Name:	Year Level:	Zone: Yes/No	
Siblings currently attending Rāwhiti School: Name(s):		Other siblings who are likely to attend Rāwhiti School:		
		Name: DOB:	Name: DOB:	
Address: Postal Code:		ETHNICITY		
		NZ Māori	Pacific Island	NZ European Asian Other: <small>(Please state)</small>
		Iwi: (Māori Ethnicity)		
Early Childhood/Preschool Education: Yes / No	Years attended:	Which Pacific Island Do You Affiliate With? (If applicable)		
Name of Centre:	Hours per week:	Home Language:		

PARENT/GUARDIAN DETAILS:				
(CAREGIVER 1)		(CAREGIVER 2)		
Title:	Family Name:	Title:	Family Name:	
First Name:		First Name:		
Relationship to child:		Relationship to child:		
Address (if different than child):		Address (if different than child):		
Phone: Home: Work: Cell:		Phone: Home: Work: Cell:		
Email:		Email:		
Name of Legal Guardians:		Both caregivers to have access to financial and academic info: Yes / No		
CUSTODY ARRANGEMENTS/ACCESS RESTRICTIONS: Please provide documentation		Details:		

OTHER EMERGENCY CONTACT DETAILS – MUST BE DIFFERENT TO CAREGIVERS: <small>(We are required to have at least ONE emergency contact person on file)</small>				
(EMERGENCY CONTACT 1)		(EMERGENCY CONTACT 2)		
Name:		Name:		
Relationship to Child:		Relationship to Child:		
Phone: Home: Work: Cell:		Phone: Home: Work: Cell:		

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HEALTH:

Has your child been fully immunised: Yes/No (Please provide documentation)	Doctors Name and contact details:
Medication:	Vision:
Serious Health Issues/Learning and Behaviour Needs:	Hearing:
Allergies:	Speech:
Any special dietary requirements:	I consent to my child's hearing and vision being tested: Yes/No

ADMINISTERING MEDICATION:
Parents requiring their child to have medicine administered by school staff must complete a form at the school office detailing the name of the medicine, what it has been prescribed for and directions for use.

ALL ENROLING STUDENTS:

BEFORE WE CAN PROCESS YOUR CHILDS ENROLMENT AT RĀWHITI SCHOOL WE MUST RECEIVE ALL INFORMATION AS REQUESTED BELOW:

- | | |
|---|-------------------------|
| • Proof of address (Power or phone account, Rates Demand, Rental Lease) | Provided: Yes/No |
| • Original birth certificate or passport | Provided: Yes/No |
| • Immunisation documentation | Provided: Yes/No |
| • Visa/Entry Permit (if applicable) | |

I/We confirm that the address given is the primary place of residence.	Yes/No
I/We acknowledge that all information on this enrolment form is true and accurate.	Yes/No
I/We agree that the school will take action on my behalf in the case of sudden illness or injury.	Yes/No
I/We will abide by the school's policies. (Please refer to the Rāwhiti School website)	Yes/No
I/We have read, understood and agree with the transport policy. (Travel for School Related Trips).	Yes/No
I/We have read/understood and agree with the Internet Policy (Internet Use Agreement).	Yes/No
I/We agree that my child's work and image may be used in accord with the school's online publishing policy/procedure. (Publication).	Yes/No
I/We have read, understood and agree to give permission for my child to participate in level 1 and 2 Education Outside the Classroom activities. (Education Outside the Classroom Information)	Yes/No
PRIVACY STATEMENT: Information collected will be used by the school for enrolment and forms an essential part of the information held by the school for your child. The records made from this information may be viewed on request at school. Information may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.	
Signed: _____	Date: _____
Signed: _____	Date: _____

OFFICE USE ONLY	Birth Cert Received	Immunisation Received	Hero ID	NSN	In Zone: Yes / No
	Start Date	Room	Year	Key Teacher	Enrol Completed
					Proof of address provided: Yes / No
					Ata Hāpara: Yes / No