

RUAPOTAKA SCHOOL - 10A TARATOA STREET, PANMURE

PHONE: 527 6244

**STUDENT ENROLMENT APPLICATION FORM**

Application Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Requested Start Date for the student: \_\_\_\_\_ NSN: \_\_\_\_\_

**STUDENT INFORMATION**

|  |                           |   |   |
|--|---------------------------|---|---|
| STUDENT'S LEGAL SURNAME:   |                           | STUDENT'S PREFERRED SURNAME:  |   |
| STUDENT'S LEGAL FIRST NAME:  |                           | STUDENT'S PREFERRED FIRST NAME:   |   |
| PHYSICAL ADDRESS WHERE STUDENT LIVING:   |                           |   |   |
| AT TIME OF ENROLMENT IS THE STUDENT LIVING INSIDE THE RUAPOTAKA SCHOOL ZONE: YES/NO  |                           |   |   |
| STUDENT LIVING WITH:   |                           | COUNTRY OF CITIZENSHIP:   |   |
| DATE OF BIRTH:   | KINDY/PRESCHOOL ATTENDED: | BOY OR GIRL:  |   |
| NATIONALITY:   | ETHNIC GROUP:             | FIRST LANGUAGE SPOKEN:<br><i>i.e. Mandarin, Cantonese etc (Not just Chinese)</i>  |   |
| PLACE OF BIRTH:  | DATE OF ENTRY INTO NZ:    | FAMILY IWI AFFILIATION: (Maori students only):  |   |
| COUNTRY PARENTS WERE BORN: MOTHER:   |                           | FATHER:   |   |
|  |                           |   | We are a Fruit in Schools school. Would you like your child to have fruit? Yes / No |
| <b>EARLY CHILDHOOD EDUCATION</b>   |                           |   |   |
| <p><b>Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?</b> Please complete the table below for the last service(s) attended.</p> <p>Instructions:</p> <p>1. If the child was attending more than one service <i>at the same time</i>, please enter hours per week for up to three services.</p> <p>2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the <i>last service only</i>, not both.</p> <p>3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of <b>hours per week</b>.</p> |                           |   |   |
| Please enter the number of <b>hours per week</b> for up to three services:   |                           | Service 1 (hrs/week)  | Service 2 (hrs/week)  |
| a. Kōhanga Reo   |                           |   |   |
| b. Playcentre  |                           |   |   |
| c. Kindergarten or Education and Care Centre   |                           |   |   |
| d. Home based service  |                           |   |   |
| e. Playgroup   |                           |   |   |
| f. The Correspondence School – Te Aho o Te Kura Pounamu  |                           |   |   |
| <b>OR</b>  |                           |   |   |
| <b>Please tick the appropriate box</b>   |                           | <b>Did the child regularly attend Early Childhood Education?</b>  |   |
| g. Attended, but only outside New Zealand  |                           | Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc. |   |
| h. Attended, but don't know what type of service   |                           | <input type="checkbox"/> Yes, for the last ____ year(s).  |   |
| i. Did not attend  |                           | <input type="checkbox"/> Not regularly, only occasionally with no on-going schedule.  |   |
| j. Unable to establish if attended or not  |                           | <input type="checkbox"/> No, did not attend ECE.  |   |
| OTHER NEW ZEALAND PRIMARY SCHOOL WHICH THE CHILD HAS ATTENDED:   |                           |   |   |
| DOCTOR:  |                           | PHONE NO:   |   |

MEDICAL PROBLEMS/MEDICATION:  
\_\_\_\_\_

Immunisation Certificate Attached: Yes/No

**OTHER DETAILS:**

LEARNING & BEHAVIOUR NEEDS: \_\_\_\_\_

SPECIAL NEEDS (BACKGROUND/FUNDING) e.g. ESOL, ORRS \_\_\_\_\_

OTHER INFORMATION/REQUESTS: \_\_\_\_\_

NAMES OF OTHER FAMILY MEMBERS LIKELY TO BE ATTENDING THIS SCHOOL IN THE NEAR FUTURE:-

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ARE EITHER PARENT FORMER STUDENTS? Y/N – If yes, name of former student/s. \_\_\_\_\_

ARE ANY SIBLINGS FORMER STUDENTS? Y/N - If yes, name of former student/s. \_\_\_\_\_

*THIS INFORMATION IS REQUIRED BY THE MINISTRY OF EDUCATION FOR OBTAINING ESOL FUNDING*

**\*\* IF A STUDENT IS NOT BORN IN NEW ZEALAND OR DOES NOT SPEAK ENGLISH AS A FIRST LANGUAGE  
PLEASE COMPLETE THE FOLLOWING SECTION**

|   |                                      |
|---|--------------------------------------|
| PLACE OF BIRTH:                                       | ETHNIC GROUP:                        |
| WHAT LANGUAGE IS SPOKEN AT HOME:                      | DATE OF ENTRY INTO NZ:               |
| HOW MANY YEARS HAS YOUR CHILD SPENT IN A N.Z. SCHOOL: | DOES THE FAMILY HAVE REFUGEE STATUS: |

**PARENT/CAREGIVER INFORMATION**

**MOTHER**

NAME OF MOTHER:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

*(if different from physical address)*

OCCUPATION:

COMPANY NAME:

HOME NO:

WORK NO:

Mobile NO:

EMAIL ADDRESS:

**FATHER**

NAME OF FATHER:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

*(if different from physical address)*

OCCUPATION:

COMPANY NAME:

HOME NO:

WORK NO:

Mobile NO:

EMAIL ADDRESS:

**IF STUDENT IS LIVING WITH SOMEONE ELSE OTHER THAN A PARENT. PLEASE GIVE**

NAME OF CAREGIVER:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

*(if different from physical address)*

OCCUPATION:

COMPANY NAME:

HOME NO:

WORK NO:

Mobile NO:

EMAIL ADDRESS:

**ANY CUSTODY/ACCESS ARRANGEMENTS FOR THE SCHOOL TO BE AWARE OF**

NOTIFICATION OF ANY CUSTODY/ACCESS ARRANGEMENTS: (Please attach copies of any relevant Court Papers)

COURT ORDERS ISSUES: Yes/No

**EMERGENCY CONTACT (To be someone other than parents)**

NAME:

ADDRESS:

HOME NO:

WORK NO:

Mobile NO:

RELATIONSHIP TO STUDENT:

*In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate Government educational and health authorities, within the limitations of the Privacy Act. I also approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.*

Signature of Parent/Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

***Ruapotaka School MUST hold a copy of either the student's birth certificate or passport.***

***IN-ZONE student's must provide a power account in their parents/caregiver's name plus either a sale and purchase agreement or rental agreement through a licensed rental company or real estate agent.***

**THIS SECTION IS FOR RUAPOTAKA SCHOOL OFFICE STAFF TO COMPLETE**

ENROLMENT NO:

ENROLMENT DATE:

YEAR:

ROOM NO:

HOUSE:

TEACHER:

FRUIT: Y/N