

Enrol: _____ NSN: _____ SMS: _____

RANUI PRIMARY SCHOOL
PUPIL ENROLMENT FORM



Surname: _____

First Name(s): _____

D.O.B.: _____ Gender: M / F Age as at 1st Jan: _____

Street: _____ Suburb: _____ Phone Number: _____

Previous School: _____ Previous Year: _____ Previous School Suburb / Area: _____

Pre Schooling at: _____ Duration: _____ Hippy Yes / No

<p>CHILDREN ARRIVED FROM OVERSEAS</p>	<p>Date of Entry to NZ: _____ Country Born In: _____</p> <p>Country of Residence: _____ Permit Type: _____</p> <p>Number: _____ Expiry Date: _____</p>	<p>E.S.O.L. Eligibility:</p> <p>YES / NO</p>
<p>FAMILY AND EMERGENCY DETAILS</p>	<p>Mother's Name: _____</p> <p>Father's Name: _____</p> <p>Lives With: _____ Legal Guardian: _____</p> <p>Legal Custody Conditions: _____ Legal Documentation Given Yes/No</p> <p>Separated Parent's Address and Phone Number:</p> <p>_____</p> <p>Mother's Occupation: _____ Place of Work: _____</p> <p>Work Phone: _____ Cell Phone: _____</p> <p>Mother's Ethnicity: _____ Country of Birth: _____</p> <p>Father's Occupation: _____ Place of Work: _____</p> <p>Work Phone: _____ Cell Phone: _____</p> <p>Father's Ethnicity: _____ Country of Birth: _____</p> <p>Home Languages: _____</p> <p>Maori Bi-Lingual Enrolment: YES / No IWI: _____</p> <p><u>Emergency Contact:</u></p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>Name: _____ Relationship: _____ Phone: _____</p>	

	Place in Family: _____ Name of Eldest Child at Ranui: _____ Names of Younger Siblings Yet to Attend School: _____ D.O.B. _____ _____ D.O.B. _____ _____ D.O.B. _____ _____ D.O.B. _____
HEALTH NOTES	Sight / Hearing / Speech Comments: _____ Allergies: _____ Medication: _____ Conditions: _____ Medication: _____ Doctor: _____ Phone: _____ Additional Information Offered by Parents: (Religion, Learning or Behaviour):
OFFICE USE ONLY	Birth Certificate Sighted: Yes / No Passport Sighted: Yes / No Immunisation Certificate Sighted: Yes / No To Room: _____ Start Date: _____ Class Level: _____ Teacher: _____ _____

Agreements and Permissions:

- I agree that the school will take action on my behalf in case of sudden illness or injury of my child;
- I agree to abide by the school's policies;
- I give permission for my child to undertake visits/trips outside the classroom, within the surrounding area of Rānui. Transport may include travel by bus, train or car, or by walking if in close proximity to the school.

***In terms of the Privacy Act:**

- I understand that the Ministry of Education shares information about five year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative and the collection of ECE data.
- I agree that my child's work and image may be used in accordance with the school's online publishing policy procedures;
- I approve the forwarding of school records and information when my child transfers to another school;
- I approve the forwarding of my child's name and address to a potential Intermediate School.

SIGNED: _____

RANUI PRIMARY SCHOOL

What do you expect from Ranui?

Before School Experiences

Learning Support

(Levels, Interests & Strengths, Needs & Concerns, Learning & Behaviour)

Other Support

Technology in the home

Other Information