



Rānui Primary School  
 Te Whakatipu Kakano Bilingual Unit  
**ENROLMENT FORM**



**Tumuaki:** Heather Rewiri  
 hrewiri@ranui.school.nz  
**Kaiwhakahaere:** Cindy Pile-Wetere/  
 June Paratene  
 cpilewetere@ranui.school.nz/  
 jparatene@ranui.school.nz  
**Nama Waea:** 09 8336286  
 16a Ranui Station Road Ranui

*‘Whaia te iti kahurangi ki te tuohu koe me he maunga teitei’  
 ‘Pursue excellence - should you stumble let it be to a lofty mountain’*

**Personal Information**

Student Full Name: \_\_\_\_\_  
Surname First names

Gender: Male / Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth certificate /Passport : Yes / No

Home Address: \_\_\_\_\_  
No. Street/Road/Ave/Crescent Suburb Postcode

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home/Mobile

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Sight/Hearing/Speech: Comments \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_ Degree (mild, moderate): \_\_\_\_\_ Medication required \_\_\_\_\_

**Parents/Caregivers Contact Information**

*Please circle the option that applies*

Full name of parent/caregiver 1: (who student is living with)

Relationship to student: \_\_\_\_\_

Place of work: \_\_\_\_\_

Contact Information

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Full name of parent/caregiver 2: (who student is living with)

Relationship to student: \_\_\_\_\_

Place of work: \_\_\_\_\_

Contact Information

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

Full name of Emergency Contact 1: (who student is NOT living with)

Relationship to student: \_\_\_\_\_

Contact Information

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Full name of Emergency Contact 2: (who student is NOT living with)

Relationship to student: \_\_\_\_\_

Contact Information

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

**Pepeha:**

Ki tō Pāpā taha

Ko \_\_\_\_\_ tōku Pāpā.  
Ko \_\_\_\_\_ te maunga.  
Ko \_\_\_\_\_ te awa.  
Ko \_\_\_\_\_ te waka.  
Ko \_\_\_\_\_ te marae.  
Nō \_\_\_\_\_ ahau.  
Ko \_\_\_\_\_ te iwi.  
Ko \_\_\_\_\_ te hapu.

Ki tō Māmā taha

Ko \_\_\_\_\_ tōku Māmā.  
Ko \_\_\_\_\_ te maunga.  
Ko \_\_\_\_\_ te awa.  
Ko \_\_\_\_\_ te waka.  
Ko \_\_\_\_\_ te marae.  
Nō \_\_\_\_\_ ahau.  
Ko \_\_\_\_\_ te iwi.  
Ko \_\_\_\_\_ te hapu.

**Previous School:**

Name of previous kohanga/Preschool \_\_\_\_\_ How many hours \_\_\_\_\_

Hippy Programme: Yes/No

Previous School: \_\_\_\_\_

**Te Reo in the home:**

We speak Māori at home... Not at all A little bit Frequently Quite Frequently

Comments: \_\_\_\_\_

*There are Te Reo courses run through Te Wananga o Aotearoa at our school to help our parents who wish to learn to be able to help their tamariki with their mahi.*

**Learning/Behaviour Needs:**

Please state any learning strengths/difficulties \_\_\_\_\_

Has your child had any previous learning or behavioural support? *(Special Education, ORRS, RTLB, Teacher Aide, IEP, behaviour plans etc)*

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# 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