



Ruawai College

Application for Enrolment

Please bring original Birth Certificate, current valid Passport or Evidence of Residency status

Proposed Year Level at Entry (please circle):		Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	
STUDENT DETAILS									
Legal Surname:			Preferred Surname:						
Legal First Name:			Preferred First Name:						
Date of Birth:			Gender (please circle):			Male	Female		
Residential Address (residence during the school year):									
.....									
Cell Phone Number:			Previous School:						
Home Phone Number:			Born in New Zealand (please circle):			Yes	No		
Permanent Residence (please circle): <i>(if answer is no, please complete section below)</i>			Yes	No	Student Visa (please circle): <i>(if answer is no, please complete section below)</i>			Yes	No
Certification <i>(if you are required to complete this section please bring with you your Passport and any other relevant information)</i>									
Passport Number:			Expiry Date:						
Country of Origin:			Date of Arrival in New Zealand:						
GENERAL INFORMATION									
Ethnicity (please circle):		New Zealand European			Languages (please circle):		English		
		New Zealand Māori					Other		
		Other							
<i>If Māori, state iwi:</i>				<i>If Other, please state:</i>					
<i>State second iwi, if applicable:</i>				<i>Second language, if applicable:</i>					
<i>If Other, state ethnicity:</i>									
Name(s) and Year Group(s) of siblings at Ruawai College (if applicable):									
What strengths, abilities and interests does your child have that you would like us to know about?									
<i>E.g sporting, cultural, services:</i>									

OFFICE USE ONLY			
Learning Advisor:	Class:	Enrolment Number:	NSN Number:
Bus Transport <i>(Permission from SLT is required if a student wishes to drive a car, or ride in a car driven by another student)</i>			
None	Matakohe	Okahu	Parahi
		Te Kowhai	Toka Toka
Student Start Date:			
Enrolling Officers Signature:			Date:

PRIMARY CAREGIVERS (where the student lives majority of the time)

Caregiver One	Caregiver Two
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Relationship to Student:	Relationship to Student:
Email Address:	Email Address:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Occupation:	Occupation:
Home Phone Number:	Home Phone Number:
Cellphone Number:	Cellphone Number:
Work Phone Number:	Work Phone Number:

Any Special Family Circumstances (e.g. Restricted Contact):

SECONDARY CAREGIVERS (secondary residence, if applicable)

Caregiver One	Caregiver Two
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Relationship to Student:	Relationship to Student:
Email Address:	Email Address:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Occupation:	Occupation:
Home Phone Number:	Home Phone Number:
Cellphone Number:	Cellphone Number:
Work Phone Number:	Work Phone Number:

Any Special Family Circumstances (e.g. Restricted Contact):

EMERGENCY CONTACTS (other than the student's Parent/Guardian)

Contact One					Contact Two				
Title (please circle):	Mrs	Ms	Miss	Mr	Title (please circle):	Mrs	Ms	Miss	Mr
First Name:					First Name:				
Surname:					Surname:				
Home Address:					Home Address:				
Home Phone Number:					Home Phone Number:				
Cellphone Number:					Cellphone Number:				
Work Phone Number:					Work Phone Number:				

MEDICAL INFORMATION

Doctor:	Dentist:				
Surgery Name:	Surgery Name:				
Phone Number:	Phone Number:				
Is your child allowed to take Panadol? (please circle):	Yes	No			
Does your child suffer from asthma? (please circle):	Yes	No			
Does your child carry an inhaler? (please circle):	Yes	No			
Does your child have any allergies? (please circle):	Yes	No			
Details of allergies, if applicable, e.g. bee/wasp stings, food:					
Immunisation Status (please circle):					
Hepatitis B	Yes	No	Poliomyelitis	Yes	No
Meningitis B	Yes	No	Tetanus Booster Aged 11 (DTAP)	Yes	No
Measles, Mumps & Rubella (MMR)	Yes	No	Meningitis C	Yes	No
Regular Medication: For students who have a medical condition and require medication, it is advisable to leave a supply of their medication with the school office. If your child is on any prescription medication that should be administered during the day, please speak with the school office.					
Does your child have any medical conditions, health matters or disabilities of which the school should be aware of (please specify, e.g. diabetes, epilepsy):					
.....					
.....					

OTHER INFORMATION

Does the student have any specific abilities and/or learning needs? (please circle):					Yes	No
If yes, please circle areas that apply:						
Gifted & Talented	Speech	Vision	Reading	Hearing		
ADD / ADHD	Anger Management	Learning Difficulties	Autistic Spectrum Disorder			

OTHER INFORMATION

Previous Assistance Received by Student (*please circle, if applicable*):

RTL

Teacher Aide

ORRS

SWIS

Counselling

Tamariki Ora

Rubicon

Other (*please specify*):

Has the enrollee ever been stood down, suspended or excluded from school? (*please circle*):

Yes

No

If yes, please state reason:

STUDENT DECLARATION

- I understand that there is a requirement to attend all classes unless a justified reason is supplied by my parent/caregiver, which may require a medical certificate.
- I understand the agreement around the use of computers and the internet at Ruawai College.
- I will demonstrate at all times the Ruawai College values of Respect, Responsibility and Resilience to both students and staff.

Student Name:

Date Signed:

PARENT / CAREGIVER DECLARATION

I / We hereby apply to enrol my child / ward at Ruawai College.

In support of my child / ward's application for enrolment at Ruawai College I / we support the school and agree to see that my child abides by the rules, regulations and dress code of the school.

In the event of sickness and accident emergencies whereby staff are unable to contact parents/caregivers, I / we authorise Ruawai College to obtain on my / our behalf medical assistance if in the opinion of staff such treatment is necessary and agree to meet any costs involved.

I / We understand the agreement around the use of computers and the internet at Ruawai College.

I / We will advise the school of any subsequent change of address and contact details.

I / We understand that my child will be allocated a 'Gmail' account.

I / We give permission for the school to use the name and / or photographs of my child / ward for publicity purposes related to school activities. Examples include but are not limited to the school newsletter, school website, school prospectus and other school promotional material.

Privacy Act 1993

Under the Privacy Act 1993, I consent to providing personal information to Ruawai College. I understand that this information will be used for the purposes relating to my child's education and for Ministry of Education statistical returns. At the discretion of the Principal, under Sections 76 and 77 of the Education Act 1989, this information may be shared with other groups under special circumstances. Contact details on this form are also required by law to be forwarded to the Ministry of Social Development for the purpose of ensuring young people are engaged in education or training.

Please note: BOTH Primary Caregivers are to sign this declaration

Parent / Caregiver 1 Name:

Signature:

Date Signed:

Parent / Caregiver 2 Name:

Signature:

Date Signed:

APPLICATION CHECK LIST

- Copy of New Zealand Birth Certificate – or if born outside of New Zealand we require a copy of the child's Passport showing residency status.
- Copy of the most recent school report.
- Completed cyber-safety use agreement signed by both parent / caregiver and child.