

Ruawai College

Application for Enrolment

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

STUDENT DETAILS - GENERAL								
Proposed Year Level at Entry (please circle):	7	8	9	10	11	12	13	
Legal Surname:				Preferred Surname:				
Legal First Name:				Preferred First Name:				
Date of Birth:				Gender:				
Residential Address (During the school year):								
Previous School:								
Born in New Zealand? (please circle):				Yes			No	
Permanent Resident? (please circle): <i>If the answer is no, please complete the Certification section below</i>				Yes			No	
Student Visa? (please circle): <i>If the answer is no, please complete the Certification 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:				Passport Expiry Date:				
Country of Origin:				Date of Arrival in New Zealand:				
Ethnicity (please circle):		New Zealand European			New Zealand Māori			Other
If Māori, state iwi(s):								
If Other, state ethnicity:								
Languages (please circle):				English			Other	
If Other, state languages:								



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STUDENT DETAILS - GENERAL

Name(s) and Year Level(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?

STUDENT DETAILS - MEDICAL

Doctor:

Dentist:

Surgery Name:

Surgery Name:

Phone Number:

Phone Number:

Is this student allowed to take Ibuprofen? *(please circle)*: Yes No

Is this student allowed to take Panadol? *(please circle)*: Yes No

Does this student suffer from asthma? *(please circle)*: Yes No

Does this student carry an inhaler? *(please circle)*: Yes No

Does this student have any allergies? *(please circle)*: Yes No

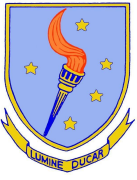
Regular Medication:

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 this student have any medical conditions, health matters or disabilities of which the school should be aware of? *(Please specify, e.g. diabetes, epilepsy, allergies)*

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
COVID-19 Vaccine - Dose 1	Yes	No	COVID-10 Vaccine - Dose 2	Yes	No



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STUDENT DETAILS – LEARNING NEEDS & WELLBEING

Does this student have any specific abilities / learning needs? (please circle): Yes No

If yes, please circle which options apply:

Gifted & Talented	Speech	Vision	Reading	Hearing
ADD	ADHD	Anger Management	Learning Difficulties	Autistic Spectrum Disorder

Previous assistance received by student (please circle, if applicable):

RTLB	Teacher Aide	ORRS	SWiS
Te Roopu Kimiora	Counselling	Oranga Tamariki	Rubicon

Has this student ever been stood down, suspended or excluded from school? (please circle): Yes No

If yes, please state the reason:

STUDENT DETAILS – BYOD

Does this student have their own device? (please circle): Yes No

Does this student have internet access at home? (please circle): Yes No

STUDENT TRANSPORTATION

School Buses:

Any students who live outside of the Ruawai College school transport zone and travel to Ruawai College via one of our available school buses may be charged a fee of \$100.00, as is determined by the Ruawai Transport Network Group. Bus routes and information are available from the following website: <https://ruawai.easybus.nz>. Dargaville bus enrolment forms are available from the school office or upon request.

Private Vehicles

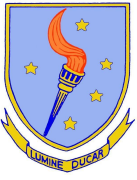
Permission from the Senior Leadership Team is required for any student who wishes to drive a vehicle to school, or ride as a passenger in a car driven by another student.

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 Signature:

Date Signed:

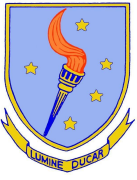


Ruawai College

Application for Enrolment

PRIMARY CAREGIVERS

PRIMARY CAREGIVER ONE	PRIMARY 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 Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Occupation:	Occupation:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Any special family circumstances? (E.g. restricted contact. Please note, official supporting documentation is required!)	



Ruawai College

Application for Enrolment

PARENT / CAREGIVER DECLARATION

Please note, **BOTH** Primary Caregivers are to sign this 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.

Primary Caregiver 1

Signature:

Date Signed:

Primary Caregiver 2

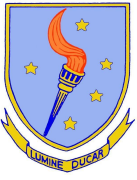
Signature:

Date Signed:



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SECONDARY CAREGIVERS (if applicable)	
SECONDARY CAREGIVER ONE	SECONDARY 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 Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Occupation:	Occupation:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Any special family circumstances? (E.g. restricted contact. Please note, official supporting documentation is required!)	



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EMERGENCY CONTACTS

EMERGENCY CONTACT ONE	EMERGENCY CONTACT TWO
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:

ENROLMENT FORM CHECKLIST

Please provide the following:

- A copy of the student's original Birth Certificate (if born outside of New Zealand, a copy of their current, valid Passport or Evidence of Residency status)
- A copy of the student's most recent school report

Please ensure you complete the following:

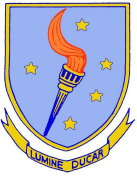
- Student Declaration, to be signed by the enrolling student
- Parent / Caregiver Declaration, to be signed by both Primary Caregivers
- Digital Citizenship / Cyber Safety Use Agreement, to be signed by both the enrolling student and Parent / Caregiver

Follow Ruawai College on Facebook: <https://www.facebook.com/ruawaicollege>

Download Skool Loop on Google Play or from the App Store



- Open the Skool Loop app
- Click the "Select your schools" button. From here, search for Ruawai College
- Once you reach Ruawai College, select the tick on the righthand side
- Click the "Select schools" button in the top righthand corner
- Click the large, orange "Choose" button
- Subscribe!



Ruawai College Application for Enrolment

OFFICE USE ONLY

Student's Learning Advisor:

Student's Year Level:

Student's Enrolment Number:

Student's NSN Number:

School Bus Transport (*please circle*):

None

Matakohe

Okahu

Parahi

Te Kowhai

Toka Toka

Dargaville

Student's Start Date:

Enrolment Officer's Signature:

Date: