



RONGOTAI COLLEGE ENROLMENT FORM

ORRS
Incomplete

<input type="checkbox"/>	FFP	<input type="checkbox"/>
<input type="checkbox"/>	Form 05/10	

STUDENT DETAILS

Family name: _____
First names: _____
Known as (preferred name): _____
Address: _____
_____ Postcode: _____
Home Phone: _____ Cell Phone: _____
Nationality: _____ DOB: ____/____/____
Ethnic group(s): (1) _____
(2) _____
If New Zealand Maori: (plus *Iwi* region if known)
Iwi 1: _____
Iwi 2: _____
Iwi 3: _____
Main language spoken at home: _____

Country of Citizenship: _____
Birth country: _____
Birth certificate - copy attached: Yes No
Passport - copy attached: Yes No
Enrolment application date: ____/____/____
Have you applied for enrolment at another school?
Yes No Which one? _____
Form/Year level at entry to Rongotai: _____
Date of commencement: _____
Present/previous school: _____
Brother(s) presently attending Rongotai: Yes No
Name(s): _____
Connections with Rongotai, eg father, uncle: Yes No

FAMILY DETAILS

MOTHER:
Family name (Mrs/Miss/Ms): _____
First names: _____
Address: _____
_____ Postcode: _____
Mailing Address: _____
Phone Home: _____ Work: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Place: _____
Child resides with me? Yes No
State special arrangements _____
Is there a custody order? Yes No
If so, are you the custodial parent? Yes No

FATHER:
Family name (Mr): _____
First names: _____
Address: _____
_____ Postcode: _____
Mailing Address: _____
Phone Home: _____ Work: _____
Cell Phone: _____
Email Address: _____
Occupation: _____
Work Place: _____
Child resides with me? Yes No
State special arrangements _____
Is there a custody order? Yes No
If so, are you the custodial parent? Yes No

EMERGENCY CONTACT (other than mother or father)

Name: _____ Relationship to student: _____
Phone Home: _____ Work: _____ Cell: _____

Please post/fax/email/deliver this form to:

Rongotai College, PO Box 14-063, 170 Coutts Street, Kilbirnie, Wellington 6022
Fax: 04 939 3060 Email: the.principal@rongotai.school.nz
Website (to access enrolment form): www.rongotai.school.nz

COMPLETE THIS SECTION ONLY IF STUDENT IS LIVING WITH A CAREGIVER

Full Name of Caregivers/Guardians (Mr/Mrs/Ms/Miss): _____
 Address: _____ Postcode: _____
 Relationship to student: _____
 Occupation: _____ Place of Employment: _____
 Telephone Home: _____ Work: _____
 Mobile: _____ Email: _____

FOR STUDENTS WHO WERE NOT BORN IN N.Z

Date of Arrival in NZ: _____/_____/_____	<i>or</i> Certificate of Identification No: _____
Passport No: _____	Refugee Quota Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>or</i> Permanent Residence No: _____	Refugee Family Reunification Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>or</i> Residence Visa No: _____	All documentation copied Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT INFORMATION

Name of Doctor/Health Centre: _____ Ph: _____

Are there any health problems, disabilities, prescription medicines or an Epi-Pen requirement of which the College should be aware?

Gifted and Talented

Has the student been involved with any gifted and talented programmes? Yes No
 Area of special abilities? _____
 Enrichment? Yes No
 Acceleration? Yes No
 Leadership? Yes No

Learning Support

Has the student been involved with any learning support programmes: Yes No
 Literacy? Yes No
 Numeracy? Yes No
 Special Needs Funding? Yes No
 Support with a Teacher Aide? Yes No
 Is the student ORRS funded? Yes No

*Option Codes (for Year 11, 12 and 13 students and Year 9 and 10 students enrolling during the year)
 (to be filled in at interview with Dean):*

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

I/We agree that my/our son/ward will observe the rules, pay the required charges and wear the uniform, as determined by the Board of Trustees of Rongotai College.

I/We understand that the information that I/we have given or his present school has supplied may be used by Rongotai College for educational purposes and may be passed on to other schools or relevant agencies.

I/We agree that if the student appears in a school photograph, it may be used in official school publications/website.

Signed: _____ / _____ / 20____
Mother/Caregiver *Father/Caregiver*

OFFICE USE ONLY

 _____ Enrolling staff member: _____
 Office Use Only: Pledge House H / L / M / R