



RONGOTAI COLLEGE ENROLMENT FORM

ORS
Incomplete

<input type="checkbox"/>	FFP	<input type="checkbox"/>
<input type="checkbox"/>	Form 05/18	

STUDENT DETAILS

Family name: _____
First names: _____
Known as (preferred name): _____
Address: _____

Postcode: _____
Home Phone: _____
Student's 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 / email / deliver this form to:

Rongotai College, PO Box 14-063, 170 Coutts Street, Kilbirnie, Wellington 6022

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 ORS 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) _____

FREE DENTAL CARE

Rongotai College works with Simply Dental to provide free, complete dental service to all students at Rongotai College. Would you like your son to be enrolled in this service? If you tick yes, you agree to your details being shared with Simply Dental.

Yes No

// 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.

// 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.

// 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